

**MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Behavioral Health Division**



**2005 PURCHASE OF SERVICE GUIDELINES  
PROGRAM AND TECHNICAL REQUIREMENTS**

**Alcohol and Other Drug Abuse Recovery Support Coordination**

Issued February 2005

**Date:** February 16, 2005

**To:** Interested Parties

**From:** Paul Radomski, Director, Community Services Branch, Milwaukee County Behavioral Health Division

**Subject:** Request for Proposal – Recovery Support Coordination for Persons with Substance Use Disorders

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary grant program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. On June 3, 2004, the State of Wisconsin submitted its ATR application to SAMHSA, and on August 3, 2004, the State received a notice of grant award from SAMHSA in the amount of \$22.8 million over three years to implement the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice) program. Wisconsin has selected the Milwaukee County Behavioral Health Division (BHD) to manage the grant-funded project.

BHD will serve people from 1) the general population, with a special emphasis on 2) families with children, and 3) a criminal justice population: a) inmates that are reentering the Milwaukee community from prison and b) offenders on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation. Wiser Choice will improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee Central Intake System to improve initial engagement, access, assessment and treatment retention.
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of an expanded provider network (including a focused outreach to the faith-based community.)
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent client choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven results-oriented management system to monitor and improve outcomes.

BHD is issuing a Request for Proposals (RFP) for organizations that wish to provide Recovery Support Coordination services to the identified target population. To assure that clients receive appropriate services and that all available resources are utilized, every client will have a Recovery Support Coordinator, who will actively coordinate the process of service planning and delivery, as well as the traditional case management function of helping the client to access services.

Program description and application materials will be available beginning Monday, February 21<sup>st</sup> on the Milwaukee County web page at [www.milwaukeecounty.org](http://www.milwaukeecounty.org) or from Nila Hoffmann at the Milwaukee County Behavioral Health Division in the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee.

Completed applications must be received no later than 4:30 p.m., Monday, March 21<sup>st</sup>, by either 1) hand delivery to Nila Hoffmann, Milwaukee County Behavioral Health Division, 9201 Watertown Plank Road, Milwaukee, WI or 2) mail to Paul Radomski, Director, Community Services Branch, Milwaukee County Behavioral Health Division, 9455 Watertown Plank Road, Milwaukee, WI 53226.

Two RFP Pre-Bid Meetings will be held on Wednesday, March 2<sup>nd</sup>: 1) **3:00-5:00**, in the County Health Programs' Auditorium, Building B, 9501 Watertown Plank Road, Milwaukee, WI; and 2) **6:00-8:00 p.m.**, in the Helen Carey Auditorium at the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee, WI.

For additional information regarding the RFP process, please contact Chuck Sigurdson at (414) 257-7361 or Darrel Pagel at (414) 257-6923.

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## CALENDAR OF EVENTS

February 21, 2005 .....	RFP Available
March 2, 2005 .....	Pre-Bid Meetings
March 21, 2005 .....	Deadline for Receipt of Applications
March 22-April 6, 2005.....	Application Review
April 20, 2005.....	Health and Human Needs Committee Approval
April 28, 2005.....	County Board Approval
April 29, 2005.....	Notification of Award of Service Agreements
May 1, 2005.....	Effective Date of Service Agreements

**ALL DATES ARE TENTATIVE AND SUBJECT TO CHANGE**

***PART I:***

***PROGRAM  
REQUIREMENTS***

## **A. INTRODUCTION**

### **PURPOSE OF THIS APPLICATION**

The Milwaukee County Behavioral Health Division (BHD) is issuing this Request for Proposals (RFP) for organizations that wish to provide Recovery Support Coordination services to persons receiving Alcohol and Other Drug Abuse (AODA) Services. BHD provides services to individuals with substance use disorders and their families in order to support their recovery and help them become contributing members of the community. In 2005, BHD will enter into fee-for-service (voucher) agreements with selected applicants to provide these services. The duration of the initial agreement will be from date of signing through 12/31/2005; up to two 1-year extensions may be granted after that time.

### **VISION STATEMENT AND VALUES MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION**

#### **Vision Statement**

**The Milwaukee County Behavioral Health Division will be a premier system of mental health and alcohol and other drug abuse disorders in the State of Wisconsin. It will ensure that individuals and families who have behavioral health needs strive to function at optimal levels of physical and mental health and that they are full and equal members of the community. As such, the Division shall provide individuals who have behavioral health needs the support and means to pursue success in the ways they choose to live, learn, love, work and play because:**

Our vision is for a behavioral health system that recognizes the partnership with clients, providers and the community and the accountability to its stakeholders for the effective development and efficient use of resources.

Our vision is for a recovery oriented behavioral health system that focuses on the rebuilding of full productive lives for children, adults and their families, and supports a full spectrum of services including primary prevention and early intervention.

Our vision is for a behavioral health system that attracts, retains, and supports employees/other service providers who are competent and provide excellent quality, culturally and linguistically relevant behavioral health treatment and support services.

Our vision is for a behavioral health system that acknowledges the abundance and limitations of our human and financial resources and commits to responsible stewardship of its resources.

Our vision is for clients and families to be equal stakeholders in service system governance, planning and delivery.

Our vision is for a behavioral health system where every client has access to strengths-based, individualized and integrated services that promote health and recovery.

Our vision is for a behavioral health system where cultural, ethnic and socioeconomic diversity is valued by providers and clients.

Our vision is for a behavioral health system where strategies to eradicate stigma, including education of clients, family members, providers and the Milwaukee County community, are implemented and effective.

Our vision is for behavioral health services and supports to be community based and not institution based; when residential treatment or hospitalization is accessed, those services will be used as resources and not as placements.

Our vision is for a behavioral health system that can measure its success in the care of children and adults by establishing and producing clear, quantifiable outcomes

# **MISSION STATEMENT**

**“The Milwaukee County  
Behavioral Health Division: For  
the empowerment and recovery of  
all with mental health and  
substance abuse treatment needs in  
our community.”**

## ALCOHOL & OTHER DRUG ABUSE SERVICES: CORE VALUES

In 1999, as a response to the large number of families who were involved in the welfare reform, child welfare, and AODA/Mental Health Treatment systems, the Wisconsin Department of Health and Family Services (DHFS) and the Wisconsin Department of Workforce Development (DWD), in collaboration with the Milwaukee County Department of Human and Services (DHS), launched the Milwaukee Family Services Coordination Initiative (MFSCI). The impetus for the year-long (October 1, 1999 – September 30, 2000) Initiative was the realization that the multiple needs of these families were not being adequately addressed, at least in part due to the lack of coordination among the systems with which they were involved (The Management Group, 2000). The intent of MFSCI was to fundamentally transform the manner in which services have traditionally been delivered by reducing barriers for families involved in multiple systems. The premise of the Initiative was that outcomes for families could be improved through cross-system coordination, provision of wraparound philosophy of care and services, development of networks of formal and informal supports, utilizing a family centered, strength-based, gender/culturally-responsive approach.

The Steering Committee for the project included clients, representative from the Governor's Office, key administrators from DHFS, DWD, the Department of Corrections, and the Medicaid HMOs; the Director of Milwaukee County DHS; and the Milwaukee County Board Chair. The Initiative outlined a set of **core values**, developed through a series of focus groups that included participation by clients, and system representatives at various levels of authority to use as guidelines for service delivery for families and to promote improved outcomes. BHD has adopted these core values.

- A. Family-Centered: A family-centered approach means that families are a family of choice defined by the clients themselves. A family may include extended family members, significant others, or persons who function as natural supports in the context of that family. A family may include a non-custodial parent. Families are treated with dignity and respect, regarded as a resource in the treatment process, assisted to build on identified strengths to enhance control and independence, and valued as participants in all aspects of planning and evaluating the service delivery process. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well being of the family as a whole.
- B. Client Involvement: The client's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Clients and their families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
- C. Builds on Natural and Community Supports: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the client's family, relatives, neighbors, friends, faith community, co-workers or anyone the client would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- D. Strength-Based: Strength-based planning builds on the clients and their families unique qualities and identified strengths that can then be used to support strategies to meet their needs. Strengths should also be found in clients' environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as clients and families' initial needs are met and new needs emerge with strategies discussed and implemented.
- E. Unconditional Care: Means that we care for clients and their families, not that we will care "if." It means that it is the responsibility of the Recovery Team to adapt to the needs of the client - not of the client to adapt to the needs of a program. We will coordinate services and supports for the client and family that

we would hope would be done for us. If difficulties arise, the individualized services and supports change to meet the needs of clients and their families.

- F. Collaboration Across Systems: An interactive process in which people with diverse expertise, along with clients and their families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the client have an understanding of each other's programs and a commitment and willingness to work together to assist the clients and their families to obtain their goals. The substance abuse, mental health, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- G. Team Approach Across Agencies: A Recovery Team consists of a group of people, in addition to the client, who represent a blend of formal and informal resources (professionals and other) who make up the client/family support network. The team functions with the client and family in an interactive process to develop a plan, based on client/family strengths, values and preferences that will lead to favorable outcomes. Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creativity, and flexible resources of the team members.
- H. Ensuring Safety: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
- I. Gender/Age/Culturally Responsive Treatment: Services reflect an understanding of the issues specific to each client's cultural background, gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity. These understandings are then incorporated into the programming. Programs for women must include specific components that address their issues and reflect current research indicating effective treatment components for women, i.e., to include, but not limited to: victimization histories, domestic violence/relationship dynamics, parenting, self-esteem, and educational needs.
- J. Self-sufficiency: Individuals and families will be supported in achieving self-sufficiency in essential life domains, to include family, social, educational, vocational, financial, housing, financial, psychological, emotional and spiritual domains.
- K. Education and Work Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community. BHD clients who also participate in W-2 should have their AODA treatment indicated on their Employability Plan (EP).
- L. Belief in Growth, Learning and Recovery: Client and family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every client and their family desire change and can take steps toward attaining a productive and self-sufficient life.
- M. Outcome-oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

## **AODA Program Goals**

- (1) To achieve improved outcomes by meeting the special needs of eligible individuals and families who experience problems resulting from alcohol or other drug abuse by providing intervention, treatment, and support services that are gender and culturally responsive.
- (2) To target eligible individuals and families who may be involved in several systems in order to develop better ways to coordinate services from multiple service systems.
- (3) To ensure the provision of recovery support services including, but not limited to, parent education, vocational and housing assistance, coordination with other community programs, and treatment under intensive care.
- (4) To develop a system that reinforces the empowerment of individuals and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
- (5) To identify best practices and provide knowledge dissemination activities and cross training and education to professionals who work with individuals and families and are from different systems in order to achieve positive individual/family outcomes.

It is important that, whenever appropriate, each application demonstrate integration of the above principles and practices into all programs and services provided through these purchase of service agreements.

## **B. BACKGROUND**

### **Merger of Adult Mental Health and AODA Administrative Systems**

In December, 2001 the Milwaukee County Board of Supervisors passed a resolution that resulted in the administrative merger of public sector Adult Mental Health (MH) and Adult Alcohol and Other Drug (AODA) services. Prior to adoption of this resolution, public sector Adult Mental Health services were the responsibility of the Milwaukee County Mental Health Division, whereas administrative and program management responsibility for public sector substance abuse services belonged to the Adult Services Division of the Department of Human Services.

With the passage of the enabling County Board resolution, the Adult Mental Health Division became the responsible party for both Adult Mental Health and Adult AODA services. Simultaneously, the Mental Health Division, again through a County Board resolution, had its name changed to the Behavioral Health Division to better reflect the merger and its expanded behavioral health responsibilities. These organizational changes became administratively effective on January 1, 2002 and in February (2002) the Adult AODA Services Bureau staff moved to the Mental Health Complex to become part of the Behavioral Health Division Community Services Branch.

### **Redesign of AODA System**

Historically, the administrative, program and service delivery systems for Adult AODA and Adult Mental Health services have been separate, even as it is recognized, both locally and nationally, that many persons in need of treatment from either service system had a co-occurring illness. It is hoped that through the realignment of both Adult AODA and Adult MH services within one County administrative authority, the Behavioral Health Division, the separateness that each system maintained can be bridged where appropriate. In 2003, the Behavioral Health Division undertook a significant project of redesigning the public Adult

AODA system. In May (2003) the AODA Re-Design Community Coalition was convened as a result of a thorough assessment of the current public Adult AODA system available to clients in Milwaukee County. This group, composed of individuals representing the Adult AODA services provider network, Behavioral Health Division staff and consultants met through the fall of 2004 to analyze the existing system to identify strengths and weaknesses and recommend improvements in each of four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System. In recent months, Behavioral Health Division data reports point to 50% of the clients who are enrolled in the Adult Mental Health programs are also registered with the Adult AODA system. While more in-depth data analysis is needed, this fact alone calls for the enhancement of the existing system, as well as the development of new approaches, especially as it pertains to the treatment of individuals with multiple diagnoses.

### **Access to Recovery**

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary grant program for states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. ATR is characterized by:

- **Client Choice.** The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, or spiritual. With a voucher, people in need of addiction treatment and recovery support will be able to choose the programs and providers that will help them most.
- **Outcome Oriented.** Success will be measured by outcomes, principally abstinence from drugs and alcohol, and including attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.
- **Increased Capacity.** ATR will expand the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery support services.

### **Wiser Choice**

On June 3, 2004, the State of Wisconsin submitted its ATR application to SAMHSA, and on August 3, 2004, the State received a notice of grant award from SAMHSA to fund its application for **the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice)** program.

Wiser Choice intends to improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee County Behavioral Health Division (BHD) Central Intake System to improve initial engagement, access and treatment retention.
- The provision of recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of a broader provider network (including a focused outreach to the faith-based community).
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven, results-oriented management system to monitor and improve outcomes.
- Rewarding results by implementing an innovative system of provider incentives.
- The enhancement of its existing Management Information System so that the bulk of performance and financial indicators and measures will be reported on and maintained electronically. This will enhance accountability of both the provider and the system.

The State of Wisconsin selected Milwaukee County Behavioral Health Division (BHD) to serve as the contracted project management agency for Wiser Choice. BHD will develop and maintain all provider agreements with the Wiser Choice treatment and recovery support services providers. BHD is integrating the Access to Recovery resources and requirements within its entire redesigned AODA services delivery system. As such, successful applicants will be delivering recovery support coordination services to clients from the overall BHD treatment population.

The recommendations set forth by the Redesign Project and the requirements of the Access to Recovery grant have impacted the delivery system design as well as the requirements put forth in these guidelines. As the concept and design for the new system mature, corresponding policies, procedures, expectations, goals and objectives will follow along. The guidelines you are about to review are the most up-to-date view of the system and are subject to changes as the Redesign Implementation advances.

## **C. PROGRAM DESCRIPTION: Recovery Support Coordination**

### **Client Eligibility**

Recovery Support Coordination services can be provided to individuals who:

- Reside in Milwaukee County;
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria (as specified by BHD) for a substance use disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit.

### **Target Population**

BHD is targeting two populations:

- 1) The General Population of Milwaukee County.
- 2) Criminal Justice Population:
  - a) incarcerated individuals that are reentering the Milwaukee community from prison and
  - b) persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation.

Families with children from both the general and criminal justice populations will be prioritized.

Applicants may choose to apply to provide services:

- 1) To general population clients only;
- 2) To criminal justice clients only;
- OR
- 3) To both general population and criminal justice clients.

**Applicants should specify in the application narrative which target population(s) they are applying to serve.**

## **Definition of Recovery Support Coordination**

To assure that clients receive appropriate services and that all available resources are utilized, BHD will use an approach to Recovery Support Coordination based on a nationally-recognized model developed by Milwaukee County's Wraparound Program. A central tenet of this Wraparound approach is the role of the Recovery Support Coordinator, which involves actively coordinating the process of service planning and delivery, as well as the traditional case management function of helping the client to access services. Recovery Support Coordinators will:

1. Maintain a caseload of 20 clients;
2. Provide recovery support coordination services to each client throughout the duration of enrollment<sup>1</sup> in BHD AODA Services.
3. Make contact with a referred client within 24 hours of notification by the CIU or BHD; immediately if the client has emergent needs;
4. Make every reasonable effort to locate clients who have been referred by Central Intake for Recovery Support Coordination, but who do not keep their initial or subsequent appointments with the Recovery Support Coordinator or other provider;
5. Develop a preliminary Single Coordinated Care Plan (SCCP) (see Appendix for SCCP form) with the client, based on the comprehensive screening conducted by the BHD central intake unit (CIU), to address the most immediate needs;
6. Assist the client to develop a Recovery Support Team within two weeks of enrollment consisting of both formal and informal/natural supports. Formal supports should include representatives from each system with which the client and family are involved (e.g., criminal justice, child welfare, W-2, AODA treatment, mental health, etc.). Examples of informal/natural supports include relatives, friends, neighbors, clergy, congregation members, etc. The purpose of the team is to assist the client to develop and achieve his/her goals;
7. Have contact with client at least weekly, and conduct recovery team meetings monthly;
8. Further develop the SCCP together with the client and the Recovery Support Team, within a period of time specified by BHD policies and procedures, based on the comprehensive screening and other relevant information;
9. Report the preliminary and subsequent versions of the SCCP to BHD and request authorization for the additional services;
10. Assist the client to choose services consistent with the SCCP and providers of those services in a manner that ensures informed choice;
11. Assist the client in accessing recovery support and treatment services;
12. Develop, with the help of the Recovery Support team, a plan that identifies sources (in addition to BHD) to pay for services, and document the plan in the SCCP. The recovery support coordinator will negotiate the allocation of funding among the various system representatives. The recovery support coordinator is expected to maximize the use of low/no-cost community support/resources to the extent possible and appropriate. Recovery support coordination providers are expected to maximize the procurement of other (non-BHD) billable sources (e.g., Medicaid, Title 20) that fund services they provide to AODA Services clients.
13. Monitor to assure adherence to the SCCP. Facilitate coordination to address problems and barriers that arise.
14. Review the SCCP a minimum of every 30 days and amend as the client's needs change or emerge;

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<sup>1</sup> For the purposes of the WIsler Choice program, BHD defines an enrollment as the time spanning admission to the first service and a planned discharge from the last paid service in a continuum of care, or an unplanned discharge (defined as a BHD-prescribed period without receiving any services).

15. Monitor to assure that service authorizations are current. Request extensions of and additional service authorizations from BHD as indicated by up-to-date patient placement criteria (provided by the clinical treatment provider) and the SCCP;
16. Monitor the provision of services by agencies as called for in the SCCP;
17. Provide case management services as required, including:
  - Coordinate medical appointments and medical inquiries
  - Coordinate social services (DSS, SSA, foster care, payee)
  - Coordinate independent housing search
  - Coordinate legal advocacy (probation/parole officer., attorney, courts)
  - Coordinate benefits
  - Attend appointments and court hearings with clients as necessary
  - Troubleshoot and intervene as appropriate to make sure clients get to their treatment and other appointments, etc;
18. Provide or arrange for public, agency, or other transportation, as needed, to enable clients to attend recovery-related appointments, meetings, court hearings, etc.
19. Provide 24-hour, 7-day-a-week crisis access to their assigned clients.
20. Document in the client record, according to BHD protocol, all services provided;
21. Complete, in face-to-face interviews, the required outcome data collection instruments for each client at intake, 30 days post intake, every 60 days thereafter, and at disenrollment; and at 6-months post disenrollment for a sample of clients. These instruments capture the Government Performance and Results Act (GPRA) data required by SAMHSA as well as information required by the State of Wisconsin Bureau of Mental health and Substance Abuse Services (BMHSAS).
22. Administer a client satisfaction instrument according to a protocol to be designed by BHD;
23. Assure compliance with program completion measurement protocols for each client<sup>2</sup>;
24. Attend all trainings and meetings as mandated by BHD.
25. For agencies working with the target criminal justice re-entry population: Collaborate with the BHD-contracted Reach-In Coordinator, the parole agent and other providers/stakeholders to establish and implement a SCCP plan, prior to the client's release to the community. The responsibility of the Recovery Support Coordinator will be to attend two pre-release case planning meetings to discuss how to implement a plan previously designed by the Reach-In Coordinator; i.e. by assuring that providers have been identified for each service and that initial appointments have been made.

### **Client Choice of Providers**

Clients access Recovery Support Coordination services by going to a BHD-contracted Central Intake Unit, completing an intake process which includes funding eligibility and treatment appropriateness determination, and a comprehensive screening to identify clinical and other recovery-related needs. All individuals who are referred for clinical treatment or other recovery support services will receive recovery support coordination. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured "genuine, free and independent choice" of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as "a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection."

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<sup>2</sup> SAMHSA requires grantees to report program completion status for each client. They have indicated that completion will be defined in terms of negative alcohol/drug test results and some other means of measuring completion, but have yet to provide the details. At such time that the program completion protocols are defined, the Recovery Support Coordinator will be responsible for assuring compliance with them.

As such, the Central Intake Unit (CIU) will provide to each client at intake a list of Recovery Support Coordination providers from which to choose. To enhance informed choice, the CIU will make available to the client, for each provider, a Provider Profile which will offer information about the provider's services. (At some point in the implementation of the redesigned AODA Services System the Provider Profile will incorporate a Provider Score Card containing information about the provider's performance.) After obtaining the client's consent, the Intake Worker will make the referral and the client will have contact with the Recovery Support Coordinator within 24 hours, immediately if the client has urgent needs.

## **Payment, Rates, Caseloads and Billing**

### **A. Payment and Billing**

As Access to Recovery requires that clients be able to have their choice of providers, clients will be provided a voucher to receive services from the BHD-approved provider of their choosing. BHD will pay the agency on a fee-for-service basis for services provided. Currently billing is done monthly. At the beginning of each month a billing report, listing all services authorized for the previous month, will be generated and mailed to the provider. Providers may only provide and bill for those services that have been prior authorized. In order to receive payment, Providers must submit to BHD their billing report on or before the fifteenth (15th) of the month following the month in which purchased services were delivered. Payment is generally issued by the beginning of the following month. BHD is currently in the process of re-platforming its management information system. It is planning to convert to a weekly billing process at some point in 2005. Providers will receive timely notice of any change in the process.

### **B. Unit of Service**

A unit of service is one day. Providers may charge BHD for each day that the client is enrolled in their recovery support coordination service, regardless of how much actual service is provided on a given day. Agencies will be expected to document the amount of direct service time (at quarter hour intervals) provided to each client and report this data to BHD, but there will be no connection to the amount billed. Direct service is the time spent providing service to program participants, which includes: face-to-face contacts (office or community), collateral contacts telephone contacts, client staffings, and time spent in service documentation. Direct service time does not include indirect time such as that spent in staff meetings, in-service training, etc.

### **C. Caseloads and Rates**

It is expected that each Recovery Support Coordinator will have a maximum caseload of twenty (20) clients. Providers will be compensated at the rate of **\$9.50** per client per day.

In addition, agencies who participate in pre-release case planning meetings for incarcerated individuals re-entering the community will be paid a one time case planning fee of \$200 upon the client's re-entry into the community.

BHD reserves the right to renegotiate the rate and the caseload size based on project experience. SAMHSA requires that all Access to Recovery grantees develop and implement a system that provides providers with incentive payments for positive outcomes. BHD anticipates that it will be ready to implement such a system at some point in 2005.

As Access to Recovery requires that clients be able to have their choice of providers, BHD is not able to assure providers of a certain amount of referral volume or associated revenue. However, because cost savings can be achieved by minimizing administrative expenditures, BHD will limit the number of Recovery Support Coordination provider agencies that it approves.

## **D. REQUIREMENTS OF RECOVERY SUPPORT COORDINATION AGENCIES**

### **Required Staffing and Provider Qualifications for Recovery Support Coordination:**

**Staffing.** Each applicant agency will be required to provide staffing at a ratio of 1.0 FTE of supervision to eight recovery support coordinators. BHD advises selected providers to add recovery support coordination staff incrementally as client volume builds up. As clients must be given their choice of recovery support providers, BHD cannot guarantee a referral volume to any agency. However, the number of agencies that BHD selects will be based on a projection of an average of eight recovery support coordinators per agency (when the full capacity is reached).

**Staff Qualifications.** Recovery support coordinators must possess at least a B.A. or B.S. degree in Social Work, Psychology, Nursing or a related field with experience in human services, preferably case management. Supervision for recovery support supervisors must be provided by an individual with a Masters Degree in Social Work, Psychology, Nursing or other human service profession, and at least three years of relevant experience. A person with a B.A./B.S. who has at least three years experience in case management or in-home treatment may substitute for the Masters level person.

**Access.** The Central Intake Unit will make the referral to the Recovery Support Coordination agency at the time of screening. The Recovery Support Coordination agency must make staff accessible for referrals during Central Intake Unit business hours. The Recovery Support Coordinator must make contact with a referred client within 24 hours of notification by the CIU or BHD; immediately if the client has emergent needs. Recovery Support Coordinators will assist each client to develop a crisis plan, with the goal that clients and their natural support systems will eventually be able to handle crises on their own. As a back-up, the Recovery Support Coordination agency will provide 24-hour, 7-day-a-week crisis access to their clients.

### **Confidentiality/Privacy**

The Recovery Support Coordination Agency and its staff must have a thorough understanding of and policies/procedures to comply with Wisconsin patient rights (Wisconsin Administrative Code HFS 94) and confidentiality regulations (HFS 92); the Code of Federal Regulations, 42 CFR, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records; and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA).

### **Quality Assurance**

Quality Assurance activities ensure the appropriate expenditures of public funds and the provision of quality services. Quality Assurance activities may include, but are not limited to: compliance with all the **Governing Rules** included in these guidelines (especially Item #22, "Inspection of premises and county site audits"); billing reports, treatment delivery and all issued policies/procedures.

### **Performance Review Process for AODA System Providers**

Currently, the AODA system's Quality Assurance protocol requires random audits of all program areas by the Quality Assurance staff. Agencies and services will be reviewed by established audit criteria.

It is anticipated that a Performance Review Process similar to that of the Adult Mental Health System will be developed for the AODA system in 2005. Having a jointly developed plan will enable the Behavioral Health Division to implement comparable Performance Review Processes for both the Mental Health and the AODA systems. The Behavioral Health Division Performance Review process currently employed for the Adult Mental Health system integrates administrative and program monitoring activities within the Community Services Branch to provide formal, consistent feedback to

programs. The review consists of a two-tier process including evaluation of both process and program outcomes:

1. Process outcome evaluation is achieved by measuring process indicators within an agency report card. This report card includes quarterly monitors along with random onsite agency audits by the audit team. Verbal feedback from this audit is provided to the agency onsite. Each agency will also be required to do a random self-audit report and report the findings to BHD.
2. Program outcomes are measured for each program.

### **Information Systems Requirements**

**Data Requirements.** The selected provider will be required to comply with the Behavioral Health Division's (BHD) Management Information System data needs. This data includes, but is not limited to, service data, agency financial data, and performance measurement data. The provider will have the sufficient technological capacity to adapt agency data systems as necessary to accommodate any and all changes to data reporting requirements as required by BHD. Should modifications to these requirements be necessary, the provider will comply within 90 days of written notification. Failure to comply with required reporting requirements will result in withholding of payment.

The provider will be required to report all necessary information in a timely manner consistent with the needs of BHD.

**Hardware, Software and Procedural Requirements.** Required software includes Microsoft Word and Excel. In addition, the applicant agency must have email capability.

In the future, when BHD requires Recovery Support Coordination agencies to access BHD's information system via the Internet, providers will need to meet the minimum computer hardware and software standards as specified by both the BHD and the Milwaukee County Information Management Services Division. At present, these specifications require that all personal computer equipment should be at least a Pentium III 550 MHz processor with the following: 128 MB of memory; a CD-ROM drive or access to a network CD-ROM for installation; a minimum of 300 MB of free disk space for installation and working space during processing; 800 x 600 SVGA display with 256 colors and 16MB of video RAM; Parallel port, TCP/IP Ethernet connection of 10BT; at least a 14" color monitor capable of SVGA display; Windows 2000 Professional or Windows XP Professional; Microsoft Internet Explorer 6.0 or higher. The agency will also be required to make broadband access to the Internet available to all Recovery Support Coordinators and to obtain communication software necessary, i.e., FTP, to access the BHD local area network as well as BHD's primary information system.

### **Addressing the Emergent Needs of Clients**

In general, the needs of clients will be documented in the Single Coordinated Care Plan (SCCP) and will be addressed through the provision of vouchers for clinical treatment and recovery support services targeted to address those needs. BHD anticipates that there will be emergent needs that arise that cannot be met through the usual authorization request processes. For example, there may be need for a service (e.g., an interpreter for a particular language) for which there is no BHD-approved provider. For such reasons, Recovery Support Coordinators will be permitted to seek authorization for a voucher to utilize "Discretionary Funds" to purchase the services from a provider of the client's choosing. Discretionary Funds will also be used to purchase miscellaneous services that are not yet part of the SCCP, typically on a one-time emergency basis, to address such needs as household supplies, groceries, clothes, or prescription medication. BHD has the

capability to address needs that can be anticipated at least three (3) business days in advance by issuance of a check. For situations for which funds are needed in less than three (3) business days, BHD will reimburse the Recovery Support Coordination agency for justifiable expenditures up to a certain limit (to be decided at a future date). To enable this process, BHD requires of all successful applicant agencies that they provide each of their Recovery Support Coordinators with access to cash or an agency credit card with which emergency purchases can be made.

### **Program Accessibility**

Recovery Support Coordination services must be accessible to:

- (1) Persons who are physically disabled, via building accommodations such as ramps, doorways, elevators, and toilet facilities, and making staff available for persons needing assistance. If a program site is not accessible, provision must be made to accommodate disabled clients.
- (2) Persons who are Deaf and Hard of Hearing. If no staff is available to assist with sign language interpretation, the provider must make provision to obtain interpreter services as needed.
- (3) Persons who are visually impaired through means such as the presence of Braille signage present in the facility, or staff available for assistance in acquainting clients to the facility.
- (4) Limited or non-English speaking persons. If no agency staff is available who speak other languages besides English, the provider must make provision to obtain interpreter services as needed or make appropriate referrals.

Vendors must provide or arrange for public, agency, or other transportation, as needed, to enable clients to attend recovery-related appointments, meetings, court hearings, etc.

***PART II:***

***APPLICATION  
INSTRUCTIONS  
/TECHNICAL  
REQUIREMENTS***

## A. APPLICATION INSTRUCTIONS

### General Application Requirements

1. All applications must be typed using the format and the forms presented in the *Technical Requirements*. Applicants may refer to the *Application Format* (p. 18) as a guideline for the order of items.
2. The order of the application is important. For all applications submitted: (1) each **section** of the application must be identified; (2) each **item** within each section must begin on a separate page; and, (3) each **item** must be numbered and titled as it appears on the *Application Format* (p. 18). Proposals that are not organized according to the *Application Format* may be returned to the applicant for reorganization or revision, or they may not be considered for review.
3. New Applicants (agencies who do not currently have service agreements or contracts with BHD) have different submission requirements than do Current BHD Providers. These differences are outlined in the *Application Format* on p. 18 and in the TECHNICAL REQUIREMENTS SECTION that begins on page 20.
4. All pages in the application must be numbered.
5. Pages of the Narrative must have one-inch margins and be single-spaced, with minimum 12 pt. font.
6. If an item in the application does not apply, the agency must state that it does not apply and give the reason why it does not apply.
7. The length of responses to certain items in the Program Design section will be limited. If there is a page limitation, it is indicated next to the heading for each item.
8. The application must include a COVER LETTER, signed by the person authorized to file the application by the agency, addressed to:

Mr. James M. Hill, Administrator  
Milwaukee County Department of Health and Human Services  
Behavioral Health Division  
9455 Watertown Plank Road  
Milwaukee, WI 53226

**(NOTE: DO NOT SEND THE APPLICATION TO MR. HILL)**

The cover letter must contain the following statement:

I am familiar with the 2005 *Purchase of Service Guidelines: Program and Technical Requirements* by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

9. All applications for funding must be received **no later than 4:30 p.m. on March 21, 2005. No extensions will be granted for submission of the proposals unless approved by the County Board Policy Committee.**

**APPLICATIONS MAY BE MAILED OR DELIVERED TO:**

Milwaukee County Department of Health and Human Services  
Behavioral Health Division  
**ATTN. Paul Radomski**  
9455 Watertown Plank Road  
Milwaukee, WI 53226

10. The application must include a completed APPLICATION SUMMARY SHEET. **The agency's Federal Identification (ID) Number must be included on the Application Summary Sheet.**
11. Applicants must submit an original plus seven (7) copies of the completed application.
12. Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a service agreement, the application material submitted is placed in an agency master file; it becomes part of the contract with the Milwaukee County Department of Health and Human Services. Application material becomes public information and is subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the granting of service agreements and their full execution, the application material is considered as "draft" and is not subject to the open records law. Applications that do not receive funding will be discarded.
13. Milwaukee County requires Purchase of Service contractors to pay a **Living Wage of \$7.73 per hour** to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract.

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## NOTICE TO ALL APPLICANTS

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**The information contained in all proposals must be updated and current. Agencies are responsible for updating any information currently on file with BHD from prior applications which is no longer correct or no longer accurately represents the agency or the proposed program.**

**Selection of applicants will be based on the quality of the current proposals, as well as the performance of those who have current agreements or contracts. Selection of applicants will also be based on a review of information included in the DHHS agency master file. Application items in the master file must be updated and current for each of the four sections in the Year 2005 Purchase of Service Guidelines – Technical Requirements. The sections are: (1) Agency Structure; (2) Agency Audit, Budget and Fiscal, (3) Program Design and (4) Civil Rights Compliance Plan.**

To receive information or assistance, please contact the following persons:

Program Questions  
(Section III, pp. 23-26)

Darrel Pagel, Quality Assurance Specialist  
Paul Radomski, Director Adult Community Services  
Chuck Sigurdson, Information Systems  
414-257-7995

Technical Assistance  
(Sections I & II, pp. 19-22)

Virgil Cameron, Contract Administration 289-5954  
James Sponholz, Contract Administration 289-5778

## PRE-BID CONFERENCE

As part of the RFP process the Behavioral Health Division will conduct two “pre-bid” conferences for interested parties on **Wednesday, March 2, 2005:**

**1) 3:00-5:00 p.m.** in the County Health Programs' Auditorium, Building B, 9501 W. Watertown Plank Road, Milwaukee, WI

and

**2) 6:00-8:00 p.m.** in the Helen Carey Auditorium at the Milwaukee County Mental Health Complex, 9201 Watertown Plank Road, Milwaukee, WI.

## APPLICATION FORMAT

### ITEMS REQUIRED ON SUBMISSION OF APPLICATION

The submission of items in rows with an “X” in the columns under the filing status of your application are required as part of the application.

	RFP Page #	New Applicants	Current BHD Providers*
A. Application Summary Sheet	33	X	X
B. Cover Letter – 2005 Purchase of Service Guidelines	34	X	X
<b>Item Section 1 Agency Structure</b>			
1. Authorization to File	35	X	X
2. Articles of Incorporation	19	X	
3. Bylaws	19	X	
4. Board of Directors, Advisory Committees, Stockholders	20, 36	X	X
5. Agency Organizational Chart	20	X	
6. Personnel Policies	20	X	
7. Client Grievance Procedure	20	X	
8. Insurance Coverage	20, 50	X	X
9. Disclosure	20,37	X	X
10. Equal Employment Opportunity Certificate & Policy Statement	20, 38-39	X	X
11. Certification Statement Regarding Debarment and Suspension	21, 40	X	X
12. Certification Statement - Resolution Regarding Background Checks	21, 41	X	X
<b>Item Section 2 Agency Audit, Budget and Fiscal</b>			
13. Taxation Status	22	X	
14. Certified Audit/Board Approved Financial Statement	22	X	X
15. Accounting Policies and Procedure Manual	22	X	
<b>Item Section 3 Program Design</b>			
16. Program Organizational Chart	23	X	X
17. Program Description	23	X	X
18. Staffing Pattern	24	X	X
19. Accessibility	25	X	X
20. Outcome Data Collection	25	X	X
21. Evaluation Plan	25	X	X
22. Cultural Diversity & Cultural Competence	26	X	X
23. Client Characteristic Chart	26, 42-43	X	X
<b>Item Section 4 Civil Rights Compliance Plan</b>			
24. Civil Rights Compliance Plan	27	X	

**\*Current BHD providers are responsible for updating any information pertaining to the non-required items (above) currently on file with BHD from prior applications which is no longer correct or no longer accurately represents the agency or the proposed program.**

## **B. TECHNICAL REQUIREMENTS**

### **SECTION 1 AGENCY STRUCTURE**

#### **1. Authorization to File**

- a. Submit a statement or board resolution authorizing the filing of a Year 2005 application for funding. Agencies must complete the *AUTHORIZATION TO FILE RESOLUTION* on page 36.
- b. The statement or resolution submitted must be signed by an owner, authorized officer of the agency, or board member. It must identify the agency staff and/or board member, by name and title, authorized to negotiate and sign a Year 2005 contract. Contracts cannot be executed unless a statement or resolution is on file with the DHHS.

#### **2. Articles of Incorporation (New Applicants Only)<sup>3</sup>**

Submit a copy of your original Articles of Incorporation and any amendments or changes to the original Articles.

#### **3. Bylaws (New Applicants Only)**

Submit a copy of your original Bylaws and any amendments or changes to the original Bylaws. Contractor is encouraged to incorporate into their Bylaws a requirement that their Board of Directors include individuals with recognized competence and expertise in financial, legal, and personnel/human resources disciplines as well as experience and knowledge in human services program areas.

#### **4. Board of Directors, Advisory Committees, Stockholders**

- a. Complete the *Board of Directors/Agency Owners Demographic Summary* form on page 37.
- b. Submit a list of current board members including a professional resume, name, address, office held, and date when the term of service expires, or the name of each stockholder or owner and their percentage of ownership interest and share of the profits or dividends.
- c. Provide a description of any committees and the committee's purpose, including advisory committees.
- d. Provide a list of the dates on which a Board of Directors meeting will be held in the year for which funds are requested.
- e. Contractor agrees to retain Board of Directors meeting minutes for a period of at least four (4) years following contract termination.
- f. Contractor agrees that County shall have the right of access to Board of Directors meeting minutes upon request.

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<sup>3</sup> Current BHD providers are not required to submit items marked "New Applicants Only" unless the information currently on file with BHD from prior applications is no longer correct or no longer accurately represents the agency or the proposed program

**5. Agency Organizational Chart (New Applicants Only)**

Provide an organizational chart of the agency which details each major department or program. For each department or program, include the position title of the person responsible for the management of it. If appropriate, show the relationship between the agency's governing body and any advisory committees. Include on the chart any ancillary positions such as medical director, consultants, etc. by major department or program.

**6. Personnel Policies (New Applicants Only)**

Submit a copy of the agency's personnel policies. The policies must include a section on severance pay and reimbursement for travel and meals for employees, board members, and volunteers.

**7. Client Grievance Procedure (New Applicants Only)**

Submit a grievance procedure which includes the following:

- a. Informs clients of their rights and identifies the process clients may use to enforce those rights. For Behavioral Health Department clients rights, see §.51.61, Wisconsin Statutes. and Wisconsin Administrative Code DHFS 94.
- b. Protects persons who file grievances from any retribution for that action and maintains confidentiality of all client information relative to grievances.
- c. Provides procedures which are standardized and proceed through the agency with the final stage of the grievance being the Milwaukee County Behavioral Health Division, Community Services Branch if the grievance is not resolved in the internal steps of the agency. The procedures must include time lines and follow-up procedures of grievance decisions.
- d. Permits clients to arrange for representation in any grievance and assists clients in writing out their grievance if required as part of the procedure.

**8. Insurance Coverage**

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, including Employer's Liability and insurance covering General and Automobile Liability coverages as specified in Governing Rules #15, p. 48. Attach copy of current Certificate of Liability Insurance.

**9. Disclosure**

Refer to Governing Rules #16, p. 49. Sign and attach Disclosure form (p. 37).

**10a. Equal Employment Opportunity Certificate**

All agencies are required to complete and return the Equal Employment Opportunity Certificate on p. 38.

**10b. Equal Opportunity Policy**

The Equal Opportunity Policy form (p. 39) is to be completed and posted at the agency. A copy of the form is to be submitted with your application.

## **11. Certification Statement Regarding Debarment and Suspension**

Refer to Governing Rule #28, p. 58. The Certificate Statement Regarding Debarment and Suspension (p. 40) must be submitted with this application.

## **12. Background checks**

County and Applicant agree that the protection of clients served under this Agreement is paramount to the intent of this Agreement. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Program (online at <http://www.legis.state.wi.us/rsb/code/index.html>). Provider further certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks set forth in the Milwaukee County Department of Health and Human Services Year 2005 Purchase of Service Guidelines - Technical Requirements. Refer to Governing Rules #20, 51.

**Agreements cannot be executed unless the Certification Statement of the Resolution Regarding Background Checks (p. 41) is submitted with this application and on file with the DHHS.**

## **Keep Current Information**

It is the Provider's responsibility to keep all information current and up-to-date. Failure to submit timely and current insurance, licenses, and certifications will result in a suspension to participate in the Behavioral Health Division, Community Services Branch contract programs.

## **SECTION 2**

### **AGENCY AUDIT, BUDGET, and FISCAL ITEMS**

**13. Taxation Status** (New Applicants Only)

State whether your agency is for profit or not-for-profit. For not-for-profit agencies, indicate federal/state tax status. If tax exempt, include copies of federal/state documentation such as a copy of the letter granting exempt status. For proprietary agencies, allowable profit is determined by applying a percentage equal to 7 1/2% of net allowable operating costs plus 15% applied to the net equity, the sum of which may not exceed 10% of net allowable operating costs (Refer to Governing Rules 30.A(1)f, 60).

**14. Certified Audit Report/Board Approved Financial Statement. – Refer to Governing Rules #30, p. 59.**

**15. Accounting Policies and Procedures Manual** (New Applicants Only)

Submit a copy of the agency's accounting policies and procedures manual. The manual must comply with the State Department of Health and Family Services (DHFS) accounting principles and allowable cost policies, which may be obtained from Contract Administration, Phone: 289-5980. The DHFS accounting principles and allowable cost policies cannot be submitted in lieu of the agency's own manual.

## **SECTION 3 PROGRAM DESIGN**

### **16. Program Organizational Chart**

Provide an organizational chart that shows in detail, position titles and reporting relationships with regard to the proposed Recovery Support Coordination services.

### **17. Program Description –**

#### **A. Experience and Qualifications of the Organization (5-page limit)**

- 1) Explain how the delivery of Recovery Support Coordination services relates to the mission and goals of your organization.
- 2) Describe your organization's prior experience and capabilities in providing Recovery Support Coordination or similar services. What other programs/services does your organization offer?
- 3) Applicants may choose to apply to provide services to:
  - a) general population clients only;
  - b) criminal justice clients only;

**OR**

- c) both general population and criminal justice clients.

Specify which of the target population(s) you propose to serve. Describe the strengths, problems, and needs of individuals in the target population(s) that you propose to serve. Describe your organization's experience in providing services to the specified population(s).

*(Agencies applying to serve both populations may add one extra page to the 5-page limit for this section.)*

- 4) Applicants may choose to apply to provide services to:
  - a) Individual adults only;
  - b) Families with children only;

**OR**

- c) both individual adults and families with children.

Specify whether you wish to serve individual adults, families with children, or both. If you wish to serve families with children, describe the strengths, problems, and needs unique to families and children in the target population(s) that you propose to serve. Specify your experience in providing services to families and children.

*(Agencies applying to serve both populations may add one extra page to the 5-page limit for this section.)*

- 5) What do you do to collaborate and network with other providers of substance abuse and recovery support services? Describe your experience in working with other systems (e.g., child welfare, criminal justice, W-2, mental health, etc.) with whom substance abuse clients and their families are involved. Document your experience working with faith-based organizations.
- 6) Describe your experience/ability in identifying and accessing no/low cost services for clients.

- 7) Describe your organizational capacity to track and report service delivery and fiscal data.
- 8) Authorizations, billing, assessment/care plans, outcome data collection and other business processes will eventually be transacted electronically. Describe the extent of your information technology (IT) capacity (current and/or planned), including internet access, to participate in such transactions. Note: BHD will provide technical assistance (TA) to agencies to help them develop a plan to address their IT needs related to the provision of Recovery Support Coordination services.

**B. Service Delivery Plan (4-page Limit)**

Describe how Recovery Support Coordination services will be provided. Address specifically:

1. How will you assure that a new client is contacted within 24 hours subsequent to your agency receiving notice from the Central Intake Unit? In cases of emergent or urgent need, how will you assure immediate 24-hour, 7-day-a-week availability of a Recovery Support Coordinator?
2. How will you go about assembling a Recovery Support Team for each client? How would you identify team members and how would you go about recruiting them? Describe how you would orient team members prior to and during the first meeting.
3. Given the participation of multiple parties on the Recovery Support Team, what issues related to client confidentiality do you anticipate might arise and what steps will you take to assure the rights of the client?
4. How will you monitor the SCCP and assure that compliance is occurring? What will you do if you discover deviation from or non-compliance with the SCCP?
5. How will client choice be integrated into the identification of service needs, development of the service plan, and selection of providers?
6. What is your plan for identifying and accessing no/low cost services for your clients.
7. Explain how your agency will address client crises, including your plan to provide 24 hours-per-day, seven-days-per-week crisis response access.
8. To be answered only by applicants who propose to work with the target criminal justice population: Describe your approach for working with the criminal justice population, insofar as it differs from your approach to working with the general population.  
*(Agencies responding to this question may add 2 extra pages to the 4-page limit for this section for a total of 6 pages).*
9. To be answered only by applicants who propose to work with families with children: Describe your approach for working with families with children, taking into account the needs unique to families and children that you identified in item A.4, above.  
*(Agencies responding to this question may add 2 extra pages to the 4-page limit for this section for a total of 6 pages).*

**C. Implementation Plan (2 page limit)**

Provide a plan, with timeline, that documents your agency's readiness to provide services beginning May 1, 2005.

**18. Staffing Plan (2 page limit)**

- A. Describe the qualifications of the staff that will supervise and provide the Recovery Support Coordination services in terms of experience, training, and educational credentials.
- B. Describe your agency's plan for initial and ongoing training for recovery support coordinators.
- C. Continuity of care for clients is a major priority. Outline your agency's strategies for staff retention as well as any data relating to the agency's history of staff retention.

## **19. Program Accessibility (2 page limit)**

Provide a detailed description of each of the following items:

- (1) Accessibility of the program to persons who are physically disabled, including building accommodations such as ramps, doorways, elevators, and toilet facilities, and if staff is available for persons needing assistance. If the program is not accessible, explain where the client would be referred or how disabled clients are accommodated.
- (2) Accessibility for persons who are hearing impaired. List the name, position title, and level of training of staff who assist in sign language interpreting. If no staff is available, explain where interpreter services would be obtained. Describe the training opportunities available to existing staff to develop sign language skills.
- (3) Accessibility of the program for persons who are visually impaired including Braille signage present in the facility, or staff available for assistance in acquainting clients to the facility.
- (4) Accessibility for limited or non-English speaking persons. List the name, position title, and language for staff who speak other languages besides English. If no agency staff is available, explain how interpreter services would be obtained or where the client would be referred.
- (5) Transportation availability to the facility including public, agency provided, or other transportation.
- (6) Differences in accessibility by program site.

## **20. Outcome Data Collection (3 page limit)**

Recovery Support Coordinators are required to complete, in face-to-face interviews, the required outcome data collection instruments for each client at intake, 30 days post intake, every 60 days thereafter, and at disenrollment<sup>4</sup>; and at 6-months post disenrollment for a sample of clients. Timely, accurate and complete data collection is of critical importance to the federal and state agencies that fund County AODA services.

- A. Describe your agency's experience in collecting outcome and other client data.
- B. Discuss your system for assuring that data is collected accurately and completely, and submitted in a timely manner to BHD.
- C. Recovery Support Coordination agencies are required to attempt to collect discharge data, even for clients who leave the agency via an unplanned discharge. Describe what processes you would use to maximize your response rate for all clients, including those who leave without notice.
- D. Recovery Support Coordinators are in the position of requesting needed services for their clients. Discuss how this role could potentially impede the garnering of truthful responses from clients when collecting outcome data. Discuss how recovery support coordinators will be trained so that the chances of this occurring will be minimized.

## **21. Evaluation Plan (1 page limit)**

- a. Explain the process for conducting employee evaluations. Give an example of how the results from evaluations have been used to improve employee hiring, training, and retention practices at the agency.
- b. Client/community evaluation and feedback  
Describe how clients and community members are integrated into the process of evaluating the program, e.g. through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments that have been used to collect feedback from clients or the community. Give a specific example of how the results of this feedback have been used.
- c. Other  
Describe any other performance or quality improvement activities in which the program engages.

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<sup>4</sup> For the purposes of the WIsler Choice program, BHD defines an enrollment as the time spanning admission to the first service and a planned discharge from the last paid service in a continuum of care, or an unplanned discharge (defined as a BHD-prescribed period without receiving any services).

## **22. Cultural Diversity and Cultural Competence (4 page limit)**

Describe the actions that the agency/program takes to integrate the County's commitment to the goal of cultural diversity and cultural competence, as defined below, into policy development, program planning, and service delivery. Be specific (For example, does the program employ persons with mental illness? Are committees and the Board of Directors culturally diverse? Does the agency provide in-services or other training opportunities in order to promote cultural competence?).

Cultural Diversity - The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency, or other group is comprised of people from a variety of different backgrounds related to behaviors, attitudes, practices, beliefs, disability groups, and racial and ethnic identity.

Cultural Competence - A set of congruent behaviors, attitudes, practices and policies that are formed within a system, within an agency, and among professionals that enable the system, agency, and professionals to work respectfully, effectively, and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

Address the following:

1. Describe your agency's experience in and understanding of working with persons from different cultures. What approaches will you use to successfully engage persons from diverse cultures in Recovery Support Coordination? Your response should address the specific population your agency serves, as reflected on your Client Characteristics Chart (see item #24).
2. Describe your agency's experience in and methods of delivering gender-responsive services.
3. What is your plan for addressing spiritual needs of the individual?

## **23. Client Characteristics Chart**

Complete and submit the Client Characteristics Chart on page 43. Specify the number and percent of clients your agency served in 2004 in each category within the age, sex, ethnic background, and other sections of the chart.

## SECTION 4

### CIVIL RIGHTS COMPLIANCE PLAN

#### 24. Civil Rights Compliance Plan

Consistent with the requirements of the U. S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) Plans. This applies to agencies and organizations that have 25 or more employees, or do \$25,000 or more worth of business with Milwaukee County. Any agency or organization that is required to file a CRCP with the DWD or the DHFS in 2005 must submit a copy of the same plan to the Milwaukee County Department of Health and Human Services (DHHS). All other agencies and organizations are required to file a "Letter of Assurance" with the DHHS.

Agencies and organizations that file the State forms listed below are required to submit copies of those forms to the Milwaukee County Department of Health and Human Services as part of their application for funding.

- Form DOA 3607, Affirmative Action Eligibility by Federal Employer Identification Number or Social Security Number;
- Form DOA 3024, Affirmative Action Request for Exemption (from filing Form DOA 3607);
- Form DOA 3023, Vendor Subcontractor List (for qualified subcontractors that meet Equal Opportunity thresholds).

**(For instructions and information to obtain forms, please refer to the Civil Rights Compliance Plan Booklet enclosed with the RFP materials – for questions, please call Howard Felix at 289-6183).**

## C. PROPOSAL REVIEW PROCESS

### Overview of the Request for Proposal Process

The Department of Health and Human Services' Request for Proposal (RFP) process begins with the preparation of the *Purchase of Service Guidelines: Program Requirements and Technical Requirements*; the mailing of an 'Interested Parties' letter to all current contractors and interested parties on the Department of Health and Human Services (DHHS) mailing list maintained by Contract Administration; and, the publication of media announcements in community newspapers.

Following the proposal review process outlined in the *Technical Requirements*, contract award recommendations are presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations, and the County Executive may veto, in part or in whole, the County Board's action.

## **Proposal Review Panel Selection and Representation**

### **Proposal Review Panel Selection**

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members may not have any familial, official, board member, fiduciary or contractual relationships with Milwaukee County; or, hold any ownership or employment interests in the agency or its subsidiaries being evaluated. On the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels, as appropriate. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations; and
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Disadvantaged Business Development Department, etc.

### **Proposal Review Panel Representation**

- minority and culturally diverse representation;
- client/service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Staff, as consultants, shall provide responses to program and procedural information including:

- past performance of an agency;
- agency's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and
- program outcomes and performance reviews.

Representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal as determined in the group discussion of the panel.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will be a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, client/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including one program or quality assurance staff, and one contract administration staff. Staff will not comprise the majority of panel members.

2. Panel representation when **only one proposal** is submitted per contract to provide a particular program or service will be no more than two members comprised of as broad a base of community, minority and culturally diverse, client/service recipient representation as possible. The panel for only one proposal submitted to provide a program or service may be comprised of one community representative.

### **Initial Screening**

Upon receipt of the applications, the Behavioral Health Division (BHD) staff will do an initial screening to determine if all application items have been addressed in the required format. Applications are expected to be complete by the filing deadline. **If substantial omissions are made (as determined by BHD), the application will receive no further consideration.** If minor omissions are made, funding decisions will be made on the information submitted. After the initial screening is completed, in-depth reviews will begin.

### **Review Criteria**

Proposals that pass the initial screening will receive an in-depth review by a team including clients, community representatives, Management Services Division and Behavioral Health Division staff. The proposal will be scored using criteria outlined on p. 30.

### **Recommendations for Selection of Applicants**

The review team will provide a listing of agency scores and comments on the applications to the Director of the Community Services Branch. Using this information, he will make recommendations to the Administrator of the Behavioral Health Division. Applicants may not be recommended for selection due to:

- a. Relative low rating compared to other applicants;
- b. Inadequate application data;
- c. Inconsistent service definitions/requirements, or not specific to defined target population;
- d. Inability to demonstrate sufficient experience (either length of time or rate of success) in providing services;
- e. Failure to demonstrate the administrative/fiscal capacity to operate the program;
- f. Lack of cost effectiveness;
- g. Insufficient BHD funds; and
- h. Lack of demonstrated efforts on the part of an agency to reflect cultural diversity and cultural competence.

The Administrator of the Behavioral Health Division will recommend selection of specific applicants to the Director of the Department of Health & Human Services (DHHS). Upon his approval, the recommendations will be made to the Combined Community Services Board, the Milwaukee County Board of Supervisors (the Health and Human Needs Committee as well as the full Board), and the County Executive. Their approval is also required prior to the completion of service agreements with successful bidders. Prior to the execution of contracts, programs will be required to make the final submission of information as described under the Application Contents section of these *Technical Requirements*.

**NOTE: The Behavioral Health Division reserves the right to require applicants to submit additional information and documentation not identified in this Request for Proposals.**

## **D. PROPOSAL REVIEW CRITERIA**

Proposals that pass the initial screening will receive an in-depth review by a team including clients, community representatives, Management Services Division and Behavioral Health Division staff. The proposal will be scored using the following criteria:

### **1. Administrative Ability - 10 points**

The applicant demonstrates evidence of administrative capacity to meet federal, state, and county requirements. The organizational structure evidences clear reporting relationships and accountabilities for program operation and management. The applicant demonstrates an ability to provide timely and accurate client and financial reports.

### **2. Experience and Qualifications of the Organization - 35 points.**

The application clearly identifies which target population the applicant proposes to serve: General Population, Criminal Justice, or both. The applicant's experience demonstrates the ability to provide Recovery Support Coordination services to the proposed target group(s). The applicant demonstrates an understanding of the strengths, needs and problems of individuals within the target population(s) they propose to serve. The application clearly states whether the applicant proposes to serve Individual Adults, Families with Children, or both. If the applicant proposes to serve families with children, the application describes the strengths, problems, and needs unique to families and children. The applicant's experience demonstrates the ability to provide services to families and children. The applicant demonstrates experience in collaborating with other service providers and other systems (e.g., child welfare, criminal justice, W-2, mental health, etc.). For applicants without prior Milwaukee County experience, information may be gathered from references provided by the applicant. Documented non-performance under previous contracts will be taken into consideration.

### **3. Service Delivery Plan - 40 points**

The service delivery system is consistent with that described by the Behavioral Health Division Vision and Mission Statement and the AODA delivery system's core values. The service delivery process is clearly explained. A clear and appropriate approach is documented for working with the proposed target population(s) (General Population, Criminal Justice, Families with Children). Applicants proposing to serve families with children describe an effective approach for doing so. The process for providing timely access (routine and crisis) of the service to clients is clearly explained. The application clearly describes the process of developing and managing a Recovery Support Team and Single Coordinated Care Plan (SCCP). Issues related to client confidentiality are identified and appropriately addressed. The application makes clear how client choice of services and provider will be honored. The applicant proposes workable strategies for accessing no/low cost services. Appropriate grievance procedures are in place. The program sites are accessible to persons with disabilities and limited English speaking abilities. The programs have incorporated principles of recovery-based treatment.

### **4. Outcome Data Collection - 25 points**

The applicant's experience demonstrates the ability of the applicant to perform the required data collection responsibilities. The application documents a workable plan to assure that data is collected accurately and completely, and submitted in a timely manner to BHD. The applicant proposes a viable process for maximizing the response rate for all clients, including those who leave the program without notice. A thoughtful discussion is presented regarding how the

recovery support coordinator's role as an accessor of services could potentially compromise the ability to gather truthful responses from the client in the data collection process. The applicant proposes a sensible approach for addressing this issue.

**5. Staffing Plan - 30 points**

The agency demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate. Staff meets required qualifications. An adequate plan for initial and ongoing training of recovery support coordinators is presented. The agency presents data evidencing a positive history of staff retention, and an effective plan for maximizing retention.

**6. Implementation Plan - 15 points.**

The applicant has an adequate and appropriate time frame and action plan for implementation that evidences the agency's readiness to provide services beginning May 1, 2005.

**7. Cultural Diversity and Cultural Competence - 25 points**

The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as and serving a culturally diverse population in a culturally competent manner. The involvement of clients in policy-making, planning, service delivery, and evaluation contributes to cultural diversity and cultural competence. The applicant describes appropriate approaches to delivering culturally competent, gender-responsive services and to addressing the religious needs of clients.

**TOTAL POSSIBLE SCORE: 180 POINTS**

**Note: Though Section 4, Civil Rights Compliance Plan is not scored, submission of the agency's plan is required as part of the application.**

***PART III:***

***APPLICATION***

***FORMS***

**YEAR 2005 APPLICATION SUMMARY SHEET****Form A**

Agency \_\_\_\_\_ Agency Director \_\_\_\_\_  
(Name & Title)  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
(Street) (Name) (Telephone Number)  
\_\_\_\_\_  
(City) (State) (Zip Code) Federal ID Number \_\_\_\_\_  
Agency Fiscal Period \_\_\_\_\_  
(Mo./Day/Year – Mo./Day/Year)

**AGENCY TYPE**

☐ Individual Provider ☐ Partnership ☐ Corporation ☐ Service Corporation ☐ Profit ☐ Non-Profit

**Faith Based Organization:** ☐ Yes ☐ No If “Yes,” check the following definition of a faith-based organization that best fits your organization:

- ☐ a religious congregation (church, mosque, synagogue, or temple); or  
☐ an organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or  
☐ a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or  
☐ a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories

Denominational Affiliation (faith-based organizations only): \_\_\_\_\_

**PROPOSED TARGET POPULATION**

**Check One:** ☐ General Population ☐ Criminal Justice ☐ Both General Population and Criminal Justice

**Check One:** ☐ Individual Adults ☐ Families with Children ☐ Both Individual Adults and Families with Children

**Check One:** ☐ Men ☐ Women ☐ Both Men and Women

**PROGRAM/FACILITY ACCESSIBILITY**

Handicapped Parking ☐ Yes ☐ No  
DD/TTY ☐ Yes ☐ No (If yes, give number: \_\_\_\_\_)  
Facility Wheelchair Accessible ☐ Yes ☐ No

Describe Language Accessibility: (Non-English, American sign language, etc): \_\_\_\_\_

**MINORITY OR DISADVANTAGED VENDOR**

☐ Yes ☐ No

(Check all that apply)

**Minority Vendor**

- ☐ At least 51% of the Board Directors are minorities  
☐ Organization is owned and operated by at least 51% minorities

**Disadvantaged Vendor**

- ☐ At least 51% of the Board of Directors are women  
☐ Organization is owned and operated by at least 51% women

**THIS SHEET MUST BE ATTACHED TO THE TOP OF THE APPLICATION PACKAGE**

# Form B

## SAMPLE COVER LETTER

Date

Mr. James M. Hill, Administrator  
Milwaukee County Department of Health and Human Services  
Behavioral Health Division  
9455 Watertown Plank Road  
Milwaukee, WI 53226

SALUTATION:

I am familiar with the *"2005 Purchase of Service Guidelines: Program and Technical Requirements"* set forth by the Milwaukee County Department of Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature and Title

Name of Agency

**YEAR 2005 AUTHORIZATION TO FILE RESOLUTION**

This is to certify that at the \_\_\_\_\_ meeting of the Board of  
(Date)  
Directors of \_\_\_\_\_ the following resolution (Agency  
Name)  
was introduced by \_\_\_\_\_, and seconded by  
(Board Member's Name)  
\_\_\_\_\_, and unanimously approved by the Board:  
(Board Member's Name)

BE IT RESOLVED, that the Board of Directors of \_\_\_\_\_  
(Agency Name)

hereby authorizes the filing of an application for the Year 2005 Milwaukee County  
Department of Human Services (DHHS) funding. In connection therewith,

\_\_\_\_\_ and \_\_\_\_\_ is (are)  
(Name and Title) (Optional Name(s) and Title)

authorized to negotiate with Milwaukee County DHHS staff.

In accordance with the Bylaws (Article \_\_\_\_\_, Section \_\_\_\_\_) of

\_\_\_\_\_, \_\_\_\_\_  
(Agency Name) (Name and Title)

and \_\_\_\_\_ is (are) authorized to (Optional  
Name(s) and Title)

sign the Year 2005 Purchase of Service Contract.

Dated: \_\_\_\_\_  
(Signature)  
Secretary of the Board of Directors

**YEAR 2005 BOARD OF DIRECTORS/AGENCY OWNERS  
DEMOGRAPHY SUMMARY**

Agency \_\_\_\_\_ Date Submitted: \_\_\_\_\_

(a)	(b)	(c)	(d)
Ethnicity	Female	Male	Total
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

As applicable, footnote in parenthesis ( ), by ethnic category in either Column (b) or (c), the number of Board members/owners who may be defined as a "handicapped individual":

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. Caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such an impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and-Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

**YEAR 2005 DISCLOSURE FORM**

\_\_\_\_\_ is aware of the  
(Agency Name)

Disclosure requirements listed under Governing Rules Number 16 of the *Year 2005 Purchase of Service Guidelines* published by the Milwaukee County Department of Health and Human Services: Behavioral Health Division, Community Services Branch, and assures that no conflict of interest exists.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

**YEAR 2005 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE  
FOR MILWAUKEE COUNTY CONTRACTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify). (Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the aforestated requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and nonsegregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 10 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed., indicate where filed \_\_\_\_\_ and the year covered.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

VENDOR certifies that it has (No. of Employees) \_\_\_employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: Firm Name \_\_\_\_\_

By: \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

(Title) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**YEAR 2005 EQUAL OPPORTUNITY POLICY**

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

**EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

**SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics.

\_\_\_\_\_ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery \_\_\_\_\_

\_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery should be discussed with

Ms./Mr. \_\_\_\_\_, Ms./Mr. \_\_\_\_\_ may be reached during week days at \_\_\_\_\_

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

\_\_\_\_\_  
(Director or Chief Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**This Policy Statement must be posted in a conspicuous location.**

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Certification Regarding Debarment and Suspension**

---

Please sign the certification statement below that your agency and its principals are not debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities. **Please include the signed and dated statement with the initial submission of your proposal.**

**CERTIFICATION STATEMENT**  
**DEBARMENT AND SUSPENSION**

The contractor certifies to the best of its knowledge and belief, that it and its principals: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this contract had one or more public transactions public (Federal, State or local) terminated for cause or default.

---

Authorized Signature and Title

Date

---

Name of Agency

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES (DHHS)**

**Certification Statement - Resolution Regarding Background Checks on  
Employees of DHHS Contract Agencies and Agencies/Organizations having  
Reimbursable Agreements Providing Direct Services to Children and Youth**

**CERTIFICATION STATEMENT**  
**RESOLUTION REGARDING BACKGROUND CHECKS**

This is to certify that \_\_\_\_\_ has:  
(Name of Agency/Organization)

- 1) received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- 2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- 3) is in compliance with the provisions of the Resolution requiring background checks.

\_\_\_\_\_  
(Authorized Signature of Person Completing Form)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

Contract Administration/nm Rev 5/00

# CLIENT CHARACTERISTICS CHART

Item # 23

Agency Name \_\_\_\_\_

Program Name \_\_\_\_\_

Facility Name & Address \_\_\_\_\_

## 1. Unduplicated Count of Clients Served in 2004:

### 2. Age Group:

	Number	Percent (%)
a. 0 – 2		
b. 3 – 11		
c. 12 – 17		
d. 18 – 20		
e. 21 – 35		
f. 36 – 60		
g. 61 & over		
<b>TOTAL</b>		

### 3. Sex:

	Number	Percent (%)
a. Female		
b. Male		
<b>TOTAL</b>		

### 4. Ethnicity \*:

	Number	Percent (%)
a. Asian or Pacific Islander		
b. Black		
c. Hispanic		
d. American Indian or Alaskan Native		
e. White		
<b>TOTAL</b>		

### 5. Other:

	Number	Percent (%)
a. Handicapped individuals*		
b. Not applicable		
<b>TOTAL</b>		

\*The definitions for “Ethnicity” and “Handicapped Individual” can be found on the next page.

Date Submitted: \_\_\_\_\_

## CLIENT CHARACTERISTICS CHART DEFINITIONS

### ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

### HANDICAPPED DEFINITIONS

A handicapped individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such an impairment.

***PART IV:***

***GOVERNING***

***RULES***

## **GOVERNING RULES**

(This section contains Milwaukee County's Governing Rules for ALL service agreements.)

### **1. Denial of Services**

No eligible client or patient shall be unlawfully denied services or subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in S. 51.01(5) Wis. Stats.

### **2. Service Standards For Substance Abuse and Mental Health Services**

#### **A HFS 75 Community Substance Abuse Service Standards**

The Wisconsin State Department of Health and Family Service's (HFS) current rules for certification of community alcohol and drug abuse prevention and treatment programs were revised and placed in a new ch. HFS 75, which is specifically for community substance abuse services. The update incorporates current treatment concepts, eliminates rule parts which are no longer relevant for treatment providers, requires use of uniform placement criteria, and expands standards for treatment of addiction with methadone or another U.S. Food and Drug Administration (FDA) approved narcotic.

The revised rules incorporate Wisconsin's new Uniform Placement Criteria (WI-UPC), but permit use, alternatively, of patient placement criteria developed by the American Society of Addiction Medicine (ASAM) or any similar patient placement criteria that the Department may approve. These criteria provide a uniform way of determining an initial recommendation for initial placement, continued stay, level of care transfer and discharge of a substance abuse patient.

Each service that receives funds under Ch. 51, Stats., is approved by the State Methadone Authority, is funded through the Department's Bureau Of Substance Abuse Services, or receives other substance abuse prevention and treatment funding or other funding specifically designated to be used for providing services described under ss. HFS 75.04 to 75.15, shall be certified by the Department under this chapter.

#### **B HFS 63 Community Support Programs for Chronically Mentally Ill Persons**

The programs are for the chronically mentally ill persons living in the community. The purpose of a community support program is to provide effective and easily accessible treatment, rehabilitation and support services in the community where persons with chronic mental illness live and work.

This chapter applies to any county establishing a community support program under s. 51.421, Stats., which wishes to receive reimbursement under the Wisconsin medical assistance program for community support program services, if medical assistance reimbursement is available for those services.

#### **C HFS 105 Provider Certification**

This chapter identifies the terms and conditions under which providers of health care services are certified for participation in the medical assistance program.

### **3. HFS 1 Uniform Fee**

Standardizes on a statewide basis the determination of liability and ability to pay and otherwise regulate billing and collection activities for care and services provided or purchased by the department, a county department of social services or a county department established under s. 46.23, 51.42 or 51.437, Stats.

### **4. HFS 12 Caregiver Background Checks**

Chapter HFS 12 directs the service to perform background information checks on applicants for employment and persons with whom the service contracts and who have direct, regular contact with patients and, periodically, on existing employees, and not hire or retain persons who because of specified past actions are prohibited from working with patients.

### **5. HFS 13 Reporting and Investigation Of Caregiver Misconduct**

Chapter HFS 13 directs the service to report to the department all allegations that come to the attention of the service that a staff member or contracted employee has misappropriated property of a patient or has abused or neglected a patient

### **6. HFS 62 Assessment Of Drivers With Alcohol Or Controlled Substance Problems**

This chapter establishes standards for the way assessments are done and driver safety plans are developed for and completed by motor vehicle drivers who are ordered by courts or the state department of transportation to be examined for their use of alcohol or controlled substances, to have an individualized driver safety plan developed based on that examination, and to carry out the driver safety plan. Conflict of interest guidelines for facilities which do assessment and driver safety planning are included in this chapter.

### **7. HFS 92 Confidentiality Of Treatment Records**

This chapter applies to all records of persons who are receiving treatment or who at any time received treatment for mental illness, developmental disabilities, alcohol abuse or drug abuse from the department, a board established under s. 46.23, 51.42 or 51.437, Stats., or treatment facilities and persons providing services under contract with the department, a board or a treatment facility whether the services are provided through a board or not. Private practitioners practicing individually who are not providing services to boards are not deemed to be treatment facilities and their records are not governed by this chapter.

### **8. HFS 94 Patient Rights And Resolution Of Patient Grievances**

This chapter is to implement the rights of patients receiving treatment for mental illness, a developmental disability, alcohol abuse or dependency or other drug abuse or dependency.

### **9. HFS 83 Community Based Residential Facilities**

Homes and facilities providing residential care, supervision, treatment and services to 5 or more adults are required to be licensed as community-based residential facilities (CBRF). No CBRF may operate without being licensed each year by the Department of Health and Family Services.

## **10. Living Wage Resolution**

The Milwaukee County Board adopted the Living Wage Resolution in April 1997. The Resolution states that a minimum wage of \$7.73 or higher per hour is a required rate of pay to all full-time skilled and unskilled workers employed in any work performed as part of a DHHS Purchase of Service Contract.

## **11. Prompt Payment Law**

Section 66.0135, Wisconsin Statutes, Prompt Payment Law, does not apply to payment for services provided through the AODA Bureau Voucher System.

## **12. Cultural Diversity and Cultural Competence**

The Department of Health and Human Services (DHHS) is committed to the goal of cultural diversity and cultural competence in the workplace. Consistent with Federal and State Civil Rights Compliance laws and the State Department of Health and Family Services (DHFS) policies and regulations, DHHS considers the composition of ethnic/racial and gender makeup a high priority as it relates to board membership and staff positions of agencies and organizations receiving contract awards for the provision of human services.

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

### Definitions

**Cultural Diversity** - The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.

**Cultural Competence** - A set of congruent behaviors, attitudes, practices and policies that are formed within a system, within an agency, and among professionals that enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

It is the intent of the BHD to give strong consideration to employment diversity in the application review process. Thus, information submitted on the form 2, 2A and 2B, will be given careful review in the process of making decisions for contract awards.

## **13. Indemnity/Insurance**

The Applicant agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the Milwaukee County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

The Applicant shall indemnify and save Milwaukee County harmless from any award of damages and costs against Milwaukee County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this Agreement.

Provider agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Direct Service Provider agrees to comply with the provisions of section 56.17 County General Ordinances which is attached hereto by reference and incorporated herein as though fully set forth herein. (Referenced section of County General Ordinances is available at <http://www.milwaukeecounty.org>.)

#### **14. Provision For Data And Information Systems Compliance**

Applicant shall either utilize computer applications that comply with County standards in maintaining program data related to the Agreement, or bear full responsibility for the cost of converting program data into formats useable by County applications.

#### **15. Insurance Coverage**

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, including Employer's Liability and insurance covering General and Automobile Liability coverages in the following minimum amounts.

### **Type of Coverage**

<b>Type Coverage</b>	<b>Minimum Limits</b>
Wisconsin Worker's Compensation or Proof of all States Coverage	Statutory
Employers' Liability United States Longshoreman and Harbor Workers Compensation Act Coverage	\$100,000, \$500,000, \$100,000 If required by law
Commercial General Liability Bodily Injury & Property Damage (Ind. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 Per Occurrence \$1,000,000 General Aggregate
Automobile Liability Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired Uninsured Motorists	\$1,000,000 Per Accident Per Wisconsin Requirements

**Milwaukee County, as its Interests may appear, shall be named as an additional insured for general, automobile, garage keepers legal and environmental impairment liability, and be afforded a thirty-day (30) written notice cancellation or non-renewal. Disclosure must be made of any nonstandard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable. A certificate indicating the above coverages shall be submitted for review and approval by county for the duration of this agreement.**

Coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to COUNTY, if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the COUNTY for approval prior to the commencement of activities under this Agreement.

The agency shall notify the DHHS immediately upon the commencement of any litigation against the agency where there is any possibility Milwaukee County may be made a party thereto. The agency shall notify respective division administrators in writing within five working days of the date informed of any litigation against the agency if there is any possibility that Milwaukee County may be made a party thereto. Notice of litigation must be sent by certified mail to the Milwaukee County post office address of the respective parties. Actual notice of litigation must be given, where possible, when time is of the essence. Further, the agency shall comply with all laws respecting Workers Compensation Insurance.

The agency will at all times indemnify and hold harmless Milwaukee County and the Behavioral Health Division Community Services Branch against any and all liability, claims, losses, damages, costs and expenses which Milwaukee County may sustain, incur, or be required to pay by virtue of the act or omission of the agency.

**Agreements cannot be executed unless a certificate of insurance is on file with DHHS.**

## **16. Disclosure**

**All Agencies must address the disclosure items listed below. An agency which has information to disclose must provide a statement (s) of full disclosure in response to Items (1), (2), a, b, and c.**

### **(1). Milwaukee County Employee**

Provide a list of any Milwaukee County employee or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three year period. Include payments made during 2002, 2003 and 2004 to any person who was at the time of payment, also employed by Milwaukee County.

### **(2). Conflict of Interest**

Provide a full disclosure of the relationship including the extent of interest and amount of estimated income anticipated from each source for each individual if:

- a. Any owner, board member, employee, or member of the aforementioned immediate family holds interest in firms from which materials or services are purchased by the agency, its subsidiaries, or affiliates.
- b. Any owner, board member, employee, or member of any of the aforementioned immediate family serve on the Board of Directors of subsidiaries and/or affiliates of the agency.
- c. If your agency rents from or contracts with any person who has ownership or employment interests in your agency; serves on the Board of Directors; or is a member of the immediate family of an owner, employee, or board member, provide a copy of lease agreements certified appraisals and contract agreements, etc.

**An agency, which has no information to disclose, must complete and sign the Year 2005 Disclosure Form.**

### **17. Equal Employment Opportunity Certificate**

All agencies are required to complete and return the Equal Employment Opportunity Certificate.

### **18. Equal Opportunity Policy**

The Equal Opportunity Policy form is to be completed and **posted at the agency**. A copy of the form is to be submitted with your application.

### **19. Keep Current Information**

It is the Provider's responsibility to keep all information current and up-to-date. Failure to submit timely and current insurance, licenses, and certifications will result in a suspension to participate in the AODA Bureau Voucher Program

## 20. Background Checks

County and Applicant agree that the protection of clients served under this Agreement is paramount to the intent of this Agreement. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code *State of Wisconsin Caregiver Program* (online at <http://www.legis.state.wi.us/rsb/code/index.html>).

The Applicant further certifies that it will comply with the provisions of the Milwaukee County Resolution requiring Background Checks as set forth in the May 2000 adopted modification of the Resolution that separates individuals who committed crimes under the Uniform Controlled Substances Act of Chapter 961 Wisconsin Statutes, from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

Provider shall conduct background checks at its own expense on all employees who provide direct care and services to clients under this Agreement. Provider shall retain in its personnel files all pertinent information to include: 1) a *Background Information Disclosure* (BID) Form (HFS-64); 2) a *Wisconsin Criminal History Records Request* Form (DJ-LE 250 or 250A) to the Department of Justice Crime Information Bureau (CIB) and the response to the request; 3) a Department of Health and Family Services and a Department of Regulation and Licensing *Integrated Background Information System* (IBIS) search and the response to the search; and 4) a search of out-of-state records, tribal court proceedings and military records if indicated.

In addition, Applicant agrees to the following:

1. After the initial background check, Provider is required to conduct a new background search every four (4) years, or at any time within that period when Provider has reason to believe a new check should be obtained.
2. Applicant shall obtain an FBI Criminal Records Check (national fingerprint-based criminal history check) for any prospective direct care provider living in the State of Wisconsin for less than three (3) years.
3. Applicant shall maintain the results of background checks on its own premises for a period of at least four (4) years following the latter of Agreement termination or receipt of audit report. County may audit Provider's personnel files to assure compliance with the *Wisconsin Caregiver Program Manual* (online at <http://www.dhfs.state.wi.us/caregiver/publications/CgvrProgMan.htm>).
4. Applicant shall not assign any individual to conduct work under this Agreement who does not meet the requirement of this law.
5. Applicants who provide direct care and services to clients shall notify the DHHS in writing via certified or registered mail within two (2) business days if an employee/caregiver has been charged with or convicted of any crime specified in HFS 12.07(2) (online at <http://www.legis.state.wi.us/rsb/code/index.html>), and or
6. Applicant who provides direct care and services to children and youth shall notify the DHHS within two (2) business days of the actual arrest of any employee or caregiver charged with any of the offenses referenced in Numbers 6, 7, and 11 of the *Resolution Requiring Background Checks on Department of Health and Human Services Contract Agency Employees Providing Direct Care and Services to Children and Youth*.

**Contracts cannot be executed unless the Certification Statement of the Resolution Regarding Background Checks is submitted with this application and on file with the DHHS.**

**RESOLUTION REQUIRING BACKGROUND CHECKS ON**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CONTRACT AGENCY EMPLOYEES PROVIDING**  
**DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH**

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Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements are required to certify, by written statement to the DHHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks are to be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements are required to certify, by written statement to the DHHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHHS or its designee; and, that the DHHS or its designee shall be provided, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which do not provide to the DHHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.
4. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.

**RESOLUTION REQUIRING BACKGROUND CHECKS ON**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CONTRACT AGENCY EMPLOYEES PROVIDING**  
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5. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.
6. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1<sup>st</sup> and 2<sup>nd</sup> degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
7. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
8. DHHS contract agency employees and employees of agencies/organizations with which the DHHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHHS or its designee within two (2) business days of the actual arrest.
9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
10. The DHHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
11. DHHS contract agencies and agencies/organizations with which the DHHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHHS or its designee immediately.

RESOLUTION REQUIRING BACKGROUND CHECKS ON  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CONTRACT AGENCY EMPLOYEES PROVIDING**  
**DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH**

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12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

## **21. Removal for Cause**

DHHS reserves the right to remove a provider for cause from the program at any time.

Any Agreement may be terminated sixty (60) days following written notice by County or Provider for any reason, with or without cause, unless an earlier date is determined by County to be essential to the safety and well-being of the clients and patients covered by the contract with the exception of those facilities which must meet the notification requirements as applicable in Chapter 50 licensing. Failure to maintain in good standing required licenses, permits and/or certifications, may, at the option of the County, result in immediate termination of the contract. Failure to comply with any part of the contract may be considered cause for early termination by the offended party.

In the event of termination, the County will only be liable for State reimbursable services rendered through the date of termination and not for the uncompleted portion, or any materials or services purchased or paid for by Provider for use in completing this Agreement.

Contractor shall notify County, in writing, whenever it is unable to provide the required quality or quantity of services. Upon such notification, County and Contractor shall determine whether such inability to provide the required quality or quantity of services will require a revision or early termination of this Agreement.

Should County reimbursement from State or Federal sources not be obtained or continued at a level sufficient to allow for payment for the quantity of services in this Agreement, the obligations of each party shall be terminated. Reduction in reimbursement or payment from State or Federal sources shall be sufficient basis for County to reduce the amount of payment to Provider notwithstanding that Provider may have provided the services.

County reserves the right to withdraw any qualified recipient from the program, service, institution or facility of the Provider at any time, when in the judgment of County, it is in the best interest of County or the qualified recipient so to do.

## **22. Inspection Of Premises And County Site Audits**

Provider shall allow visual inspection of Provider's premises to County representatives and to representatives of any other local, State, or Federal government unit. Inspection shall be permitted without formal notice at any time that care and services are being furnished.

Provider and County mutually agree that County or County's representatives including the Milwaukee County Department of Health and Human Services and the Milwaukee County Department of Audit as well as State and Federal officials, reserve the right to review Board approved by-laws, minutes, policies and procedures, employee files and employment records, client attendance and case records, billing and accounting records, financial statements, certified audit reports, auditor's supporting work papers and computer disks, or other electronic media, which document the audit work, and perform such additional audit procedures as may be deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews. Such reviews may be conducted for a period of at least four (4) years following the latter of Agreement termination, or receipt of audit report, if required.

## **23. Withholding Or Forfeiture Of Payments**

Failure of Provider to comply with Agreement requirements may result in withholding or forfeiture of any payments otherwise due Provider from County by virtue of any County obligation to Provider until such time as the Agreement requirements are met. County reserves the right to withhold payment or adjust Provider's invoice and the payment procedures contained in the Exhibit II, Payment Method, where Provider fails to deliver the contracted services in accordance with the terms of this Agreement, or any other relevant Milwaukee County Department of Health and Human Services' administrative policies. Provider shall cooperate fully in all utilization review, quality assurance, and complaint/grievance

procedures, and submit in a timely manner (if required) annual audit reports, corrective action plans, or any other requests for additional information by County. County may withhold payment entirely until requested or required information is received or, if applicable, until a written corrective action plan for improvement in services, compliance, or internal accounting control is received and approved by County.

Payment by County of Provider's invoice does not absolve the Provider from a final accounting and settlement upon submission and review of Provider's annual audit, or from audit recoveries arising from on-site audit of provider's case records or other documentation in support of services billed.

#### **24. Co-Payment Responsibility**

Collection of any client co-payment amount is the responsibility of the provider.

#### **25. Prohibition of Supplanting**

No funds paid to the provider may be used to supplement Medical Assistance, Health Maintenance Organization funded services.

#### **26. Referral Guarantee**

DHHS cannot guarantee the volume of referrals to the provider under this program.

#### **27. Equal Opportunity Clauses**

##### Affirmative Action In Employment

##### **A Pursuant to Executive Order 11246, CFR Title 41, Chapter 60**

During the performance of this contract, the contractor agrees as follows:

1. The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or age. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to the above-named characteristics. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms compensation, and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
2. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to the above-named characteristics.
3. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement, or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or worker's representative of the contractor's commitments under section 202 of Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 (1c) and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c).

5. The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations and orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c) and will permit access to his books, records, and accounts by the contracting agency and the Milwaukee County Contract Compliance Program Auditor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
6. In the event of the contractors noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in "Whole or in part and the contractor may be declared ineligible for further County contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 and such other sanctions as may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulations, or order of the secretary of Labor, and/or County Ordinance Section 56.17.
7. The contractor will include the provisions of paragraphs I through 7 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, and/or County Ordinance Section 56.17 (1c) so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or the Secretary of Labor or the County Contracting Official as a means of enforcing such provisions including sanctions for noncompliance may direct purchase order as.

**B Pursuant to Section 503 or the Rehabilitation Act of 1973 (Handicapped Workers)**

1. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment or otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
2. The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Rehabilitation Act of 1973 and/or County Ordinances Section 56.17 (1c).
3. In the event of the contractor's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act and/or County Ordinances Section 56.17 (1 c).
4. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, provided by or through the contracting officer. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.

5. The contractor will notify each labor union or representative of worker with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1974, and/or County Ordinances Section 56.17 (1c) and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
6. The contractor will include the provisions of this clause in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary issued pursuant to action 503 of the Act, and/or County Ordinances Section 56.17 (1c), so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs and the Milwaukee County Contracting Official may direct to enforce such provisions, including action for noncompliance.

## **28. Certification Statement Regarding Debarment and Suspension**

All organizations planning to submit a proposal to the Milwaukee County Department of Health and Human Services for 2005 funding are required to sign and date the certification statement. The signed and dated statement must be submitted with the INITIAL SUBMISSION of your proposal. Contracts cannot be executed unless a Certification Statement Regarding Debarment and Suspension is on file with the DHHS.

## **29. Non-Discrimination in Delivery of Services**

No eligible client or patient shall be unlawfully denied services or be subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Provider agrees not to unlawfully discriminate against any employee or applicant for employment because of age, race, religion, color, national origin, sex, sexual orientation, handicap, physical condition, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.

Direct Service Provider agrees to comply with the provisions of section 56.17 County General Ordinances which is attached hereto by reference and incorporated herein as though fully set forth herein. (Referenced section of County General Ordinances is available at <http://www.milwaukeecounty.org>.)

### **A. Pursuant to Title VI of the Federal Civil Rights Act of 1964**

No eligible client shall be denied any services enumerated in this agreement or be subjected to discrimination because of race, national origin, or color, under any program to which Title VI of the Civil Rights Act of 1964 applies.

### **B. Pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (Handicapped)**

No otherwise qualified handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal or county financial assistance.

### 30. Audit Requirements

- A. Provider shall submit to County, on or before **June 1, 2006** or such later date that is mutually acceptable to Provider and County, **two (2) original copies** of an annual program audit, or an agency-wide audit for Calendar Year 2005 if the total amount of annual funding provided by County through this and other contracts is \$25,000 or more, unless waived by County. The audit shall be performed by an independent certified public accountant (CPA) licensed to practice by the State of Wisconsin. CPA audit reports are required under Wisconsin Statutes, Section 46.036 (4)(c).

**Providers reporting on a fiscal year other than a calendar year** shall be considered in compliance with the audit requirements upon submittal of Provider's fiscal year audit, meeting the audit requirements in 8.A. (1), (2), and (3) within 150 days of the fiscal year closing.

**Non-profit Providers who received aggregate Federal financial assistance of \$500,000 or more, either directly or indirectly**, shall submit to County, on or before **June 1, 2006** or such later date that is mutually acceptable to Provider and County, **two (2) original copies** of a certified audit report for Calendar Year 2005 performed in accordance with the Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments and Non-Profit Organizations* (on line at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars)) if the Provider meets the criteria of that Circular for needing an audit in accordance with that Circular. The audit submitted by Provider shall also be conducted in conformance with the following standards:

- a. The Wisconsin Department of Health and Family Services *Provider Agency Audit Guide*, 1999 revision (on line at [www.dhfs.state.wi.us/grants](http://www.dhfs.state.wi.us/grants));
- b. Standards applicable to financial audits contained in *Government Auditing Standards* (GAS) most recent revision published by the Comptroller General of the United States; and,
- c. Generally accepted auditing standards (GAAS) adopted by the American Institute of Certified Public Accountants (AICPA).

Requests for waiver, and/or extension must be in writing and submitted before the original due date of the audit. Audit reports and requests for waiver and/or extension must be sent to the following address no later than five months after the end of the agency's fiscal year, or such later date mutually agreed to by Provider and County:

DHHS Contract Administrator  
Department of Health and Human Services  
235 West Galena Street  
Milwaukee, WI 53212

CPA audits and reports referenced above shall contain the following Financial Statements, Schedules and Auditors' Reports:

**(1) Financial Statements and Supplemental Schedules:**

- a. Comparative Statements of Financial Position – For Agency-wide audits only.
- b. Statement of Activities – For Agency-wide audits only.
- c. Statement of Cash Flows – For Agency-wide audits only.
- d. Supplemental schedule of program revenue and expenses for this Agreement. The schedule shall include all sources of revenue and identify each program's funding source(s), and each program's expenses by natural classification.

Program categories shall be provided for each program or activity identified as a single line item on the Exhibit I of the Purchase of Service Agreement with County if more than one program is provided under this fee-for-service Agreement, or any other service agreement with County. The schedule(s) of program revenue and expenses may not combine programs.

- e. **Reserve Supplemental Schedule** is required for all nonprofit agencies that provide client services on the basis of a unit rate per unit of client service (Units-times-price agreements). A separate schedule must be completed for each agreement/facility, or for each rate-based program (service) within a facility. For agencies whose fiscal year is other than a calendar year, the period covered by the schedule must be the most recently completed calendar year for all DHHS-funded programs.

The schedule must identify revenue from each Purchaser separately, and include total units of service provided to all Purchasers for each agreement/facility or rate-based service within a facility, and total units of service provided under the Agreement with County, as well as the items required by the *Provider Agency Audit Guide* (Section 7.1.6), for the most recently completed calendar year. The schedule and allowable additions to reserves shall be by agreement/facility or by program category.

- f. **Schedule of Profit for For-Profit Agencies Which Provide Client Care.** For profit providers shall include a schedule in their audit reports showing the total allowable costs and the calculation of the allowable profit by Agreement/facility, or for each rate-based program (service) within a facility. Wis. Stat. 46.036 (3) (c) indicates that Agreements for proprietary agencies may include a percentage add-on for profit according to the rules promulgated by the Department of Health and Family Services. These requirements are in the *Allowable Cost Policy Manual* (Section III.16), which indicates that allowable profit is determined by applying a percentage equal to 7 1/2% of net allowable operating costs plus 15% applied to the net equity, the sum of which may not exceed 10% of net allowable operating costs.
- g. Units of service provided under the Agreement, if not disclosed on the face of the financial statements, are required for Providers that provide client services on the basis of a unit rate per unit of client service (units-times-price agreements). **Provider's auditors shall review and report on the extent of support for the number of units for each type of service billed to County, and compare units billed to Provider's accounting/billing records that summarize units provided per client. Provider's auditors shall reconcile billing records to supporting underlying documents in client case files on a test basis, and report on any undocumented units billed to County that exceed the materiality threshold of the DHFS Provider Agency Audit Guide, 1999 revision.** The disclosure must include total units of service provided to all Purchasers for each facility, or rate-based program within a facility; and total units of service provided under the Agreement or fee-for-service Agreement with County for the most recently completed calendar year.
- h. Notes to financial statements including disclosure of related-party transactions, if any. Rental cost under less-than-arms-length leases are allowable only up to the amount that would be allowed had title to the property vested with the Provider. Rental cost under sale and leaseback arrangements are allowable only up to the amount that would be allowed had the Provider continued to own the property.

Provider's auditors must disclose the actual costs of ownership, by property, for the property(ies) in question, as well as the amount of such costs to be allocated to each DHHS program, the amount of rent originally charged, and the amount of such rent that is an unallowable cost.

- i. Schedule of Federal and State Awards broken down by agreement year. The schedule shall identify the agreement number and the program name and number from the Exhibit I of the agreement. Each program or service under County agreement must be reported as a separate line item by agreement year.

**(2) Independent Auditors Reports and Comments:**

- a. "Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Award" including comparative statements of financial position, and related statements of activities and cash flow of entire agency.

Or, for Program Audits

"Opinion on the Financial Statement of a Program in Accordance with the Program Audit."

- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *Provider Agency Audit Guide*, 1999 revision.

Or, for Program Audits

"Report on Compliance with Requirements Applicable to the Program and on Internal Control over Compliance Performed in Accordance with the Program Audit."

- c. "Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133" (applicable only if the audit is also in accordance with OMB Circular A-133).

- d. Schedule of findings and questioned costs to include:

- Summary of auditor's results on financial statements, internal control over financial statements and compliance, and if applicable; the type of report the auditor issued on Compliance for Major Federal Programs.
  - Findings related to the financial statements of the agency or of the program which are required to be reported in accordance with Generally Accepted Government Auditing Standards (GAGAS);
  - Findings and Questioned Costs for Federal Awards which shall include audit "Findings" as defined in Section .510(a) of OMB Circular A-133, if applicable,
  - Doubt on the part of the auditors as to the auditee's ability to continue as a going concern;
  - Other audit issues related to grants/contracts with funding agencies that require audits to be performed in accordance with the Provider Agency Audit Guide, 1999 revision; and
  - Whether a Management Letter or other document conveying audit comments was issued as a result of the audit.
- e. A copy of the Management Letter or other document issued in conjunction with the Audit shall be provided to County. If no Management Letter was issued, the schedule of findings and questioned costs shall state that no Management Letter was issued.

**(2) Independent Auditors Reports and Comments:**

- a. "Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Award" including comparative statements of financial position, and related statements of activities and cash flow of entire agency.

Or, for Program Audits

"Opinion on the Financial Statement of a Program in Accordance with the Program Audit."

- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *Provider Agency Audit Guide*, 1999 revision.

Or, for Program Audits

“Report on Compliance with Requirements Applicable to the Program and on Internal Control over Compliance Performed in Accordance with the Program Audit.”

- c. “Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133” (applicable only if the audit is also in accordance with OMB Circular A-133).
- d. A copy of the Management Letter or other document issued in conjunction with the audit shall be provided to County. If no Management Letter was issued the schedule of findings and questioned costs shall state that no Management Letter was issued.

**(3) Provider Prepared Schedules and Responses:**

- a. Schedule of prior-year audit findings indicating the status of prior-year findings related to County funded programs. The schedule shall include the items required by the *Provider Agency Audit Guide*, 1999 revision. If no prior year findings were reported, the schedule must state that no prior year findings were reported.
- b. Corrective action plan for all current-year audit findings related to County funded programs and/or financial statements of the agency. The corrective action plan shall be prepared by Provider, and must include the following: name of the contact person responsible for the preparation and implementation of the corrective action plan; the planned corrective action; and, the dates of implementation and anticipated completion.
- c. Management’s responses to each audit comment and item identified in the auditor’s Management letter.
- d. Notes to financial statements including disclosure of related-party transactions, if any. Rental cost under less-than-arms-length leases are allowable only up to the amount that would be allowed had title to the property vested with the Provider. Rental cost under sale and leaseback arrangements are allowable only up to the amount that would be allowed had the Provider continued to own the property.

Provider’s auditors must disclose the actual costs of ownership, by property, for the property(ies) in question, as well as the amount of such costs to be allocated to each DHHS program, the amount of rent originally charged, and the amount of such rent that is an unallowable cost.

- e. Schedule of Federal and State Awards broken down by agreement year. The schedule shall identify the agreement number and the program name and number from the Exhibit I of the agreement. Each program or service under County agreement must be reported as a separate line item by agreement year.

**(2) Independent Auditors Reports and Comments:**

- a. “Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Award” including comparative statements of financial position, and related statements of activities and cash flow of entire agency.

Or, for Program Audits

“Opinion on the Financial Statement of a Program in Accordance with the Program Audit.”

- b. Report on Compliance and Internal Control over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards (GAS), and the *Provider Agency Audit Guide*, 1999 revision.

Or, for Program Audits

“Report on Compliance with Requirements Applicable to the Program and on Internal Control over Compliance Performed in Accordance with the Program Audit.”

- c. "Report on Compliance with Requirements Applicable to Each Major Program and Internal Control over Compliance in Accordance with OMB Circular A-133" (applicable only if the audit is also in accordance with OMB Circular A-133).
- d. A copy of the Management Letter or other document issued in conjunction with the audit shall be provided to County. If no Management Letter was issued the schedule of findings and questioned costs shall state that no Management Letter was issued.

**(4) General:**

The following is a summary of the general laws, rules and regulations with which the auditor should be familiar in order to satisfactorily complete the audit.

- a. Government Auditing Standards, (Standards for Audit of Governmental Organizations, Programs, Activities, and Functions), June 2003 Revision.
- b. OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, including revisions published in *Federal Register* 06/27/03
- c. OMB Circular A-133, - Appendix B: 2000 Compliance Supplement
- d. OMB Circular A-122, Cost Principles for Non-Profit Organizations,
- e. OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments,
- f. OMB Circular A-21, Cost Principles for Educational Institutions.
- f. Appendix E of 45 CFR part 74, Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals.
- g. The allowability of costs incurred by commercial organizations and those non-profit organizations listed in Attachment C to OMB Circular A-122 is determined in accordance with the provisions of the Federal Acquisition Regulation (FAR) at 48 CFR part 31 - Contract Cost Principles and Procedures.
- h. OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments.
- i. OMB Circular A-110, Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations
- j. Wisconsin State Statutes, Sections 46.036, 49.34, Purchase of Care and Services.
- l. State of Wisconsin, Department of Administration Single Audit Guidelines - Current Revision.
- m. State of Wisconsin Department of Health and Family Services, Provider Agency Audit Guide - 1999 Revision
- n. State of Wisconsin Department of Health and Family Services, Allowable Cost Policy Manual - Current Revision.
- o. AICPA Generally Accepted Auditing Standards.

B. Contractor hereby authorizes and directs its Certified Public Accountant, if requested, to share all work papers, reports, and other materials generated during the audit with County or County's representative(s) including the Milwaukee County Department of Health and Human Services and the Milwaukee County Department of Audit as well as state and federal officials. Such direct access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, which document the audit work. Contractor shall require its CPA to retain workpapers for a period of at least four (4) years following the latter of Contract termination, or receipt of audit report.

C. Contractor and County mutually agree that County or County's representative(s), including the Milwaukee County Department of Health and Human Services and the Milwaukee County Department of Audit, as well as state and federal officials, reserve the right to review certified audit reports, supporting workpapers, or financial statements, and perform additional audit work as deemed necessary and appropriate, it being understood that additional overpayment refund claims or adjustments to prior claims may result from such reviews. Such reviews may be conducted for a period of at least four (4) years following the latter of contract termination, or receipt of audit report, if required.

D. Contractors reporting on a **fiscal year other than a calendar year shall be considered in compliance with contract reporting requirements** upon submittal of the following **unaudited** schedules:

1. A schedule of revenue and allowable costs allocated by funding source, and by program, for each program or activity referenced as a line item on the Exhibit I of the Contract and for each Community Based Residential Facility (CBRF). The schedule(s) shall be compiled by Contractor's independent public accountant, with an accountant's compilation report, for the period from the close of Contractor's fiscal year through the end of the calendar year, on or before June 1, 2006, or such later date that is mutually acceptable to Contractor and County.

(2) If Contractor's fiscal year encompasses two contract years, Contractor shall submit a "bridging schedule" prepared by a CPA accountant, which identifies program revenues and allowable costs for each of the two calendar year contract periods. The "bridging schedule" shall reconcile the two calendar year contract periods to the fiscal year totals for each program reported in the most current fiscal year audit report.

E. Contractor shall maintain records for audit purposes for a period of at least four (4) years following the latter of contract termination or receipt of audit report.

F. **Contractors' Subrecipients**

Contractors who subcontract with other providers for the provision of care and services are required by federal and state regulations to monitor their subrecipients.

Contractors shall have on file, and available for review by County, copies of subrecipient's CPA audit reports and financial statements. These reports and financial statements shall be retained for a period of at least four (4) years following the latter of contract termination, or receipt of audit report, if required.

Subrecipient shall maintain and, upon request, furnish to County, at no cost to County, any and all information requested by County relating to the quality, quantity, or cost of services covered by the subcontract and shall allow authorized representatives of County and County's funding sources to have access to all records necessary to confirm subrecipient's compliance with law and the specifications of this Contract and the subcontract.

It is agreed that County representatives or representatives of appropriate state or federal agencies shall have the right of access to program, financial and such other records of subrecipient as may be requested to evaluate or confirm subrecipient's program objectives, client case files, costs, rates and charges for the care and service, or as may be necessary to evaluate or confirm subrecipient's delivery of the care and service. It is further understood that files, records and correspondence for subcontracted engagement must be retained by subrecipient for a period of at least four (4) years following the latter of contract termination, or receipt of subrecipient's audit report, if required.

### **31. Audit Requirements Alcohol And Other Drug Abuse (AODA) Voucher Program**

Provider shall submit to County, within 150 days of the end of Provider's fiscal year, or such later date that is mutually acceptable to Provider and County, two (2) original copies of an annual agency-wide audit for calendar year 2005, or the fiscal year ending in 2006. An independent Certified Public Accountant (CPA) licensed to practice by the State of Wisconsin shall perform audit. The Milwaukee County Department of Health and Human Services Administrative Probation Policy for Non-Compliance with Certified Audit Reports is incorporated herein by reference and made a part of this Contract as if physically attached hereto and Provider shall comply therewith.

1. CPA audit reports are required under Wisconsin Statutes, Sections: s. 46.036, s. 49.34, s. 301.08, and the Provider Agency Audit Guide, 1999 revision, if the total amount of annual funding provided by the Wisconsin Departments of Health and Family Services, Workforce Development, and Corrections through this and other contracts is \$25,000 or more.
2. The audit shall be performed in accordance with the following:
  - a Requirements of the U.S. Office of Management and Budget (OMB) Circular A-133, if Provider meets the criteria of that circular,
  - b The Provider Agency Audit Guide, 1999 revision, issued by the Wisconsin Departments of Health and Family Services, Workforce Development, and Corrections;
  - c Standards applicable to financial audits contained in Government Auditing Standards (GAS), issued by the Comptroller General of the United States, and,
  - d Generally accepted auditing standards (GAAS), adopted by the American Institute of Certified Public Accountants (AICPA).
3. **Provider shall also submit to County within 150 days of the end of the Provider's fiscal year, or such later date that is mutually acceptable to Provider and County, two (2) original copies of a reporting package for the fiscal year ending in 2005. The reporting package shall include the following.**
  - a All audit schedules and reports required for the type of audit applicable to Provider.
  - b A summary schedule of prior-year audit findings and the status of addressing these findings.
  - c A copy of the Management Letter or other document conveying audit comments issued as a result of the audit.
  - d Management's responses to the Management Letter and a corrective action plan for each audit issue identified in the audit.

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATIVE PROBATION POLICY  
FOR NON-COMPLIANCE WITH CERTIFIED AUDIT REPORTS**

**A POSITION STATEMENT**

The Milwaukee County Department of Human Services (DHHS) enters into various contractual relationships and agreements (as referenced under Section D.2. of this policy) with agencies and organizations (Contractors.) It is the intent of the DHHS to ensure that Contractors not only comply with all terms of the contracts and agreements, but also conduct their business in a way that gives assurance that the services are provided in an effective and efficient manner over the full term of the contract and/or agreement. To accomplish this objective, Contractors are required to submit accurate and timely fiscal information for review by the DHHS.

In this regard, Contractors are required to submit to the DHHS two (2) original copies of a certified audit report within 150 days of Contractor's fiscal year closing, or such later date that is mutually agreed to by Contractor and the DHHS, subject to additional restrictions referenced in Section E. I. of this policy.

It is Contractors responsibility to provide their auditors with a copy of the contract and/or agreement containing the audit requirements, as well as a copy of the Milwaukee County "Payor of Last Resort Policy" (included with the audit reminder letter) so that the audit is performed in compliance with the contract requirements, and the auditor is familiar with the "Payor of Last Resort Policy."

**DHHS makes no representations, either written or verbal beyond the contractual instruments (as referenced under Section D.2. of this policy.) In addition, DHHS does not sign any written memoranda or procedures proposed by Contractor other than those made in the contractual relationships or agreements (as referenced under Section D.2. of this policy). Nothing contained in this policy would preclude the DHHS from pursuing a separate legal action.**

**B PURPOSE OF ADMINISTRATIVE PROBATION POLICY**

The purpose of the Administrative Probation policy is to improve departmental contract monitoring and oversight, and to improve contract agencies compliance with contractual and audit requirements. The policy accomplishes this purpose by:

1. Codifying the practices of the DHHS with respect to enforcement of the contractual obligations of service providers; and,
2. Clearly delineating the sanctions to be imposed on Contractors for failure to correct or address audit findings and/or other contract obligations in a timely manner.

**C DEFINITION OF TERMS**

1. Administrative Probation is defined as a condition in which a Contractor is notified, in writing, by the Department that its existing contract(s) and/or future contracting opportunities were at risk pending the timely submission of required and requested information by the DHHS, and the timely correction of identified instances of Non-compliance with contractual obligations or the resolution of audit issues as specified in this policy.
2. Contractor refers to any agency or organization having any of the following contractual relationships or agreements with the DHHS:

Purchase of Service Contract;

- a. Contract for the provision of Community Based Residential Facility (CBRF) Services;
- b. Agreement or Memorandum with the DHHS to provide services as part of a provider network; and/or,

- c. Any other Memorandum of Agreement or Memorandum of Understanding, or any other contractual relationship under which an audit report is required by County, State and/or Federal laws, rules and/or regulations.
3. Compliance Review - Certified audit reports are reviewed by the DHHS for compliance with contractual and governmental rules and regulations including allowable costs. A compliance review is not complete until all required information has been submitted, reviewed and deemed satisfactory by the DHHS.
  4. Fiscal Review - A fiscal review is performed by the DHHS after the compliance review is completed. A fiscal review of certified audit reports is performed to ensure that payments to Contractors for the provision of services conform to the parameters of the contract, and, to provide information about the financial status of the Contractor.
  5. Fiscal Recovery - A fiscal recovery is the amount determined to be due to the DHHS based on audited information submitted by Contractor for the fiscal year of the audit report under review. Typically, a fiscal recovery results from payments by the DHHS in excess of net allowable costs.
  6. Corrective action plan refers to a written plan with a specific timetable that addresses and resolves to the satisfaction of the DHHS all adverse opinions, qualified opinions, or disclaimer of opinions reported in Contractor's audit report, and any audit findings (as referenced under Sections E.3., EA. and E.5. of this policy) disclosed in Contractor's audit report.

#### D CONDITIONS RESULTING IN ADMINISTRATIVE PROBATION STATUS

A Contractor shall be placed on Administrative Probation due to any of the following conditions.

1. Failure to submit two (2) original copies of a certified audit report within the required time frame.
  - a Contractor is required to submit to the DHHS two (2) original copies of the required certified audit report within 150 days of Contractor's fiscal year closing; or,
  - b Such later date that is mutually agreed to by Contractor and the DHHS, not to extend three months past 150 days of Contractor's fiscal year closing.

Example the audit reports for Contractors reporting on a calendar year fiscal period are due June 1st of the subsequent year, and if mutually agreed to by Contractor and the DHHS, not to extend past September 1<sup>st</sup>

2. Failure to request, in writing an extension of the submission date of the audit report, on or before the original audit due date, or, if expired, the agreed upon extended due date. A late filing of the extension request for submission of the audit report will result in Contractor's remaining on Administrative Probation until such time as two (2) original copies of the certified audit report are received by the DHHS.
3. Contractors with other than an unqualified opinion, which includes an adverse opinion, a qualified opinion, or a disclaimer of opinion, reported in Contractor's audit report if deemed significant as determined by the DHHS.
4. Disclosure, of a material internal control weakness, material audit finding,' reportable condition and/or other management letter issue(s) reported in Contractor's audit report if deemed significant as determined by the DHHS.
5. Unresolved Prior Year Audit Findings - Disclosure by auditor of Contractor's failure to develop and to implement a corrective action plan (adopted by the Board of Directors' resolution, and approved by the DHHS for prior year audit findings and/or management letter issues.

Contractors with any conditions (as referenced in Sections E.3., EA. and E.5. above) must present a written corrective action plan to the DHHS for approval, and provide evidence that the corrective action plan has been adopted by Contractor's Board of Directors. Contractor's corrective action plan, adopted by the Board of Directors

and approved by the DHHS, must be in place by Board resolution by December 31st of the contract year in which the audit report is due before my future contracts can be executed.

6. Failure of Contractor to respond to requests for additional compliance information within the required time frame(s).
  - a Failure of Contractor to comply, in writing with the Department's written request for information by the specified due date in the letter or such later date that is mutually agreed to by Contractor and the DHHS.
  - b Failure of Contractor to satisfactorily resolve all other audit compliance issues within the specified time frame(s) identified in the letter(s) or such later date that is mutually agreed to by Contractor and the DHHS.
7. Failure of Contractor to respond to requests for additional information required for the fiscal review within the required time frame(s)
  - a Failure of Contractor to comply, in writing with the Department's written request for information by the specified due date in the letter, or such later date that is mutually agreed to by Contractor and the DHHS.
  - b Failure of Contractor to satisfactorily resolve all other fiscal review issues, other than fiscal recoveries within the specified time frame(s) identified in the letter(s) or such later date that is mutually agreed to by Contractor and the DHHS.
8. Failure of Contractor to satisfy audit fiscal recoveries due to the DHHS, within the specified time frame identified in the fiscal recovery letter or in a repayment plan approved by the DHHS.

All fiscal recoveries must be paid to the DHHS by Contractor, or a written repayment plan with a specific timetable must be received and approved by the DHHS, Within 30 working days of the date of the initial audit fiscal recovery letter notifying Contractor of the recovery.

Fiscal recoveries may be repaid to the DHHS through a scheduled payment deduction(s) of contractual relationships or agreements (as referenced under Section D.2. of this policy) or, Contractor may send a check(s) to repay the funds owed to the DHHS.

If Contractor questions the fiscal recovery, and would like to submit additional information or clarification of the audited information, Contractor must provide the information or clarification to the DHHS in time for the DHHS to complete a revised fiscal review within 30 working days of the date of the initial audit fiscal review letter notifying Contractor of the recovery.

If Contractor proposes to change any of the audited numbers which lead to the fiscal recovery, or any other information in the audit report, Contractor's auditor must submit two (2) original copies of a reissued certified audit report for examination by the DHHS before any of the changed numbers or information will be considered in the DHHS's revised fiscal review.

If a revised fiscal review determines that there is no fiscal recovery or the fiscal recovery needs to be adjusted, the DHHS will refund to Contractor the amount recovered, or recover any additional amounts due to the DHHS based on the adjustment

9. Audits of Contractors, conducted by or for other governmental entities which disclose conditions that would result in Administrative Probation if disclosed in audits submitted under DHHS contractual relationships or agreements, will also result in the Contractor being placed on Administrative Probation, and being subject to the same sanctions referenced in Section G. of this policy.

## E ACTIONS REQUIRED TO TERMINATE ADMINISTRATIVE PROBATION

1. Contractors with other than an unqualified opinion which includes an adverse opinion, a qualified opinion, or a disclaimer of opinion, reported in Contractor's audit report, if deemed significant as determined by the DHHS, will remain on Administrative Probation until all of the corrections are received, reviewed by the DHHS, and resolved by Contractor to the satisfaction of the DHHS or until an unqualified opinion is received in the subsequent year's audit report, whichever comes first.
2. Disclosure of a material internal control weakness, material audit finding, reportable condition and/or other management letter issue(s) reported in Contractor's audit report, if deemed significant as determined by the DHHS will remain on Administrative Probation until all of the corrections are received, reviewed by the DHHS, and resolved by Contractor to the satisfaction of the DHHS. Generally, this process will require the following to occur:
  - a Development of a written corrective action plan including a timetable for implementation of the plan;
  - b First Board action to include presentation of the corrective action plan to Contractor's Board of Directors, and adoption of the corrective action plan by Board of Directors' resolution;
  - c Submission of the corrective action plan and copies of the Board of Directors' meeting minutes, indicating adoption of the corrective action plan, to the DHHS for review and approval;
  - d Implementation of the approved corrective action plan according to the timetable; and,
  - e Second Board action to include submission of the Board of Directors' meeting minutes indicating final Board resolution that the adopted corrective action plan has satisfactorily resolved the audit findings.
3. Submission by Contractor of two (2) original copies of the required audit report (as referenced under Sections E.I. and E.2. of this policy), and receipt, review and satisfactory acceptance of the audit report by the DHHS.
4. Receipt, review and satisfactory acceptance by the DHHS of all information requested of Contractor in the audit compliance review and fiscal review letters (as referenced under Sections E.6. and E.7. of this policy).
5. Receipt of all funds due to the DHHS under a fiscal recovery (as referenced. under Section E.8. of this policy); or,
6. Receipt and approval by the DHHS of a written payment plan with a specific timetable for repayment, and receipt of all funds due to the DHHS under a fiscal recovery (as referenced under Section E.8. of this policy).

## F SANCTIONS OF ADMINISTRATIVE PROBATION

Contractors (as referenced under Section D.2. of this policy on Administrative Probation for any of the conditions under Section E. of this policy) may be subject to any one or more of the following sanctions:

1. A letter of notification withholding payments to Contractor pending receipt and satisfactory review of the requested information;
2. A letter of notification withholding payments to Contractor pending receipt, review and satisfactory resolution of all audit issues requiring a corrective action plan;
3. A letter of notification that Contractor is barred from future contractual agreements or relationships with the DHHS until such time as the conditions resulting in Administrative Probation are resolved to the satisfaction of the DHHS;

4. A letter of notification that Contractors current contractual relationships or agreements with the DHHS will be reduced or terminated until such time as the conditions resulting in Administrative Probation are resolved to the satisfaction of the DHHS;
5. A letter of notification that referrals to Contractor for the provision of services under a contractual relationship or agreement with the DHHS will be reduced or discontinued until such time as the conditions resulting in Administrative Probation are resolved to the satisfaction of the DHHS;
6. A letter of notification that fiscal recoveries will be made by the DHHS through a scheduled payment deduction(s) of contractual relationships or agreements. The DHHS may intercept payments to agencies under any contractual relationship with Milwaukee County, including contracts and/or agreements, which may be unrelated to the contract at issue.

## **G REQUEST FOR DHHS DIRECTOR'S REVIEW**

An agency aggrieved with the decision of the Department of Human Services may request, in writing, a review of the decision by the Director of the Department of Human Services

### **32. Labor Peace Agreement**

Where applicable, Contractors shall comply with the provisions of Chapter 31 of the General Ordinances of Milwaukee County. A copy of Chapter 31 may be obtained from DHHS, Contract Administration, Phone Number: (414) 289-5954.

### **33. Civil Rights Compliance Plan**

Consistent with the requirements of the U. S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) Plans. This applies to agencies and organizations that have 25 or more employees, or do \$25,000 or more worth of business with Milwaukee County. Any agency or organization that is required to file a CRCP with the DWD or the DHFS in 2005 must submit a copy of the same plan to the Milwaukee County Department of Health and Human Services (DHHS). All other agencies and organizations are required to file a "Letter of Assurance" with the DHHS.

Agencies and organizations that file the State forms listed below are required to submit copies of those forms to the Milwaukee County Department of Health and Human Services as part of their application for funding.

- Form DOA 3607, Affirmative Action Eligibility by Federal Employer Identification Number or Social Security Number;
- Form DOA 3024, Affirmative Action Request for Exemption (from filing Form DOA 3607);
- Form DOA 3023, Vendor Subcontractor List (for qualified subcontractors that meet Equal Opportunity thresholds).

**(For instructions and information to obtain forms, please refer to the Civil Rights Compliance Plan Booklet enclosed with the RFP materials – for questions, please call Howard Felix at 289-6183).**

***APPENDIX:***

***SINGLE  
COORDINATED  
CARE PLAN  
(SCCP)***

<b>‘Wiser Choice Program’ Single Coordinated Care Plan</b>								
<b>Client Name:</b>		<b>Recovery Support Coordinator:</b>				<b>Lead Facilitator:</b>		
<b>Initial ‘Wiser Choice Program’ Eligibility Date:</b>		<b>POC Date:</b>			<b>Plan Revision Date:</b>			
<b>Client Vision:</b>								
<b>Functional Strengths of Clients:</b>								
1.		6.						
2.		7.						
3.		8.						
4.		9.						
5.		10.						
<b>Client Needs</b>								
1.		<b>Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)</b>						
		Strengths:						
		Strategy:						
		<b>Hr/week</b>	<b>Who</b>	<b>Where</b>	<b>When</b>	<b>Funding Source</b>	<b>Progress/ Accomplished?</b>	<b>Date</b>
2.		Strengths:						
		Strategy:						
		<b>Hr/week</b>	<b>Who</b>	<b>Where</b>	<b>When</b>	<b>Funding Source</b>	<b>Progress/ Accomplished?</b>	<b>Date</b>

<b>DOMAINS TO CONSIDER</b>							
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>		
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>			

Research Tracking Code:

**Client:**  
**Client Vision:**

Client Needs	Strengths/Strategies to Meet Needs (Supported by Functional Strengths Above)						
3.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
4.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
5.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

**Client:**  
**Client Vision:**

Client Needs	Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)					
6.	Strengths:					
	Strategy:					
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?
7.	Strengths:					
	Strategy:					
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?
8.	Strengths:					
	Strategy:					
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

**Client:**  
**Client Vision:**

Client Needs	Strengths/Strategies to Meet Needs (Supported by the Functional Strengths Above)						
9.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date
10.	Strengths:						
	Strategy:						
	Hr/week	Who	Where	When	Funding Source	Progress/ Accomplished?	Date

**Notes (Please indicate date of entry):**

**Follow-up Meeting Date:**

DOMAINS TO CONSIDER					
▪ <i>Work and Education</i>	▪ <i>Social Participation/Interpersonal Relationships</i>	▪ <i>Family</i>	▪ <i>Legal</i>	▪ <i>Physical Environment</i>	▪ <i>Housing</i>
▪ <i>Mental/Emotional Health</i>	▪ <i>Leisure Time Activity</i>	▪ <i>Physical/Medical Health</i>	▪ <i>Safety</i>	▪ <i>Community Contacts</i>	

**Client:**  
**Client Vision:**

Signature of Client:			Date:			
Signature of Lead Facilitator:		Phone:		Date:		
Recovery Support Coordinator:		Phone:		Date:		
<b>Signatures of Team Members</b>						
<b>Signature</b>	<b><u>Date</u></b>	<b>Informal or Formal Support</b>	<b>Organization or Relationship with Client</b>	<b>Phone</b>	<b>Invited</b>	<b>Attended</b>

Prohibition on Redisclosure: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Par 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

DOMAINS TO CONSIDER					
▪ Work and Education	▪ Social Participation/Interpersonal Relationships	▪ Family	▪ Legal	▪ Physical Environment	▪ Housing
▪ Mental/Emotional Health	▪ Leisure Time Activity	▪ Physical/Medical Health	▪ Safety	▪ Community Contacts	